Clinical Lecture

ON A

CASE OF "BLOODY SWEAT."

Given at St. Mary's Hospital, Feb. 9th, 1861.

BY THOMAS K. CHAMBERS, M.D.,

CENSOR OF THE COLLEGE OF PHYSICIANS, AND PHYSICIAN TO ST. MARY'S HOSPITAL.

GENTLEMEN,—I do not in general give clinical lectures on isolated cases, because by bringing several under your notice at once, I am able to fill up a more complete and graphic picture of the disease. And as a rule, too, the more common the ailment, the more useful it is for you to hear about it. I depart from my usual habit to-day in favour of a patient, whose singular aspect has often attracted your attention, and has led many of you to ask me questions about her. The rarity and peculiar nature of the disorder have made me cautious in answering. For I must tell you I have never seen a similar case, and have preferred, therefore, to wait till I had put together, in a connected form, what I could glean from others' experience on the subject.

I show you a portrait which you will instantly recognise as that of a short, stout young woman, who has been a long time in Victoria ward. The likeness has been admirably hit off by Mr. Fairfield. You cannot easily forget her bleeding brow and blood-streaked cheeks, which painfully recalled the attempts of mediæval art to realize the agonies of Gethsemane, or the thorn-crown worn in Pilate's judgment-hall for our sake.

This patient, Henrietta K——, now aged twenty-seven, is the only child of a mother who died aged forty-five, of consumption; her father is alive and well at seventy-eight, a hale, tall, fine-looking old man. Her half-brothers are also tall and strong. She continued to grow to the age of fifteen years and a half, when she had scarlet fever, and this seems to have stopped her growth, and weakened her much. Though not absolutely ill, she was constantly complaining of headache and indigestion, and the catamenia did not appear. At the age of eighteen this delay in the uterine functions attracted the notice of an aunt, who persuaded her to have leeches applied by means of a tube to the uterus, and to take internal remedies. No immediate effect followed, but about a year afterwards, the catamenia occurred once. Her general health did not improve; she constantly suffered from want of appetite, cough, pains in the chest, and a feeling of debility. Her appearance, however, was that of robust health. Three years and a half afterwards, when she was twenty-three, the same treatment was adopted again, and was again followed by the reappearance of the catamenia for one period only. At this time commenced in the skin of the face the peculiar symptoms which you see drawn, and the course of which I will describe. She feels first a peculiar soreness and tenderness of an isolated spot, which enables her to predict that in the course of a few hours an eruption is going to commence. The first appearance of this is an erythematous blush, sometimes slightly raised above the surrounding surface, but not so much as in erysipelas. After an uncertain time, seldom more than a few hours, there may be detected a scattered crop of fine vesicles, like sudamina, mixed with a fine serous dew, uncovered by any pellicle. This never lasts long enough to form colourless drops, for quickly it becomes blood-stained, and then little points of blood are seen oozing out, sometimes so slowly as to dry and form a scab, sometimes collecting into great thick gouts, and trickling in a ghastly way down her face. The eruption runs through its stages quickest when she is in bed, and especially during sleep. Suspecting from the strangeness of this story that there was some collusion, I had the bed watched, and the nurse saw the blush come, and the blood ooze out in the manner described while the patient was fast asleep. If rubbed, washed with water, or otherwise interfered with, the bleeding is much increased and prolonged; but if left alone to dry in a scab, it stops in a week or ten days, usually, however, to be succeeded, before it is quite recovered, by a similar eruption in another place. Sometimes, at irregular periods, there was an interval of a week or a fortnight; sometimes the cutaneous phenomena were replaced by bleeding from the nose, sometimes by vomiting of blood, but never by hæmorrhage from either lungs or bowels. These symptoms continued nine months, and were relieved by anticipating the eruption of blood, with leeches applied to the spot where it was expected. The discharge became serous, then was like little blisters, and finally ceased when her health was re-established by the sea air of Margate.

She continued well till last September, when she was admitted here as a mild case of erysipelas of the face. It really looked exactly like erysipelas; but it puzzled us a good deal when it began to bleed, and has continued to puzzle us ever since, as regards its nomenclature, pathology, and treatment. She was seldom seen free from cutaneous hæmorrhage from that period till four weeks ago, but it has varied a good deal in violence. During this attack, the face has not been the only part affected. When she lies down much in the day, that, indeed, is almost always the locality where it has appeared; but when she is about, the legs and thighs have exhibited like appearances; both forearms, too, and once the chest, were attacked. The loss of blood, however, was less than on the brow. Examined under the microscope, the fluid exuding from the skin contained blood-discs in a natural state—blood-discs with roughened edges and shrunken, much granular matter, dark fatty-looking specks, and scales of epidermis. It did not coagulate into rolls. Blood drawn from a prick in the finger looked perfectly natural, and coagulated into rolls, leaving the usual number of pale globules free. She has twice thrown up from the stomach about half a pint of dark brownish-purple sanguineous fluid, and I have occasionally seen her pocket-handkerchief stained with blood reported to have come from the nose. She states that she has been hysterical for the last year, and has had occasional paroxysms of crying and low spirits during her residence here, but with that exception there are no visible disorders of the bodily functions. The action of the bowels is free, the urine pale and sufficiently copious, the appetite very small, especially for meat. But in spite of the little she eats, the constant loss of blood by the disease, and a persistence in a very lowering treatment, she has got very fat—pale, it is true, and flabby, but decidedly fat,—and not weaker in muscular power than on admission. In the last month, during which her ailment has been declining, she has been less hysterical, and had somewhat more appetite. She tells me that a similar increase of flesh occurred during her last illness, three years ago. There is no leucorrhœa, and examination per vaginam fails to detect anything abnormal in the parts which can be explored with the finger. She complains of pain, and becomes hysterical during the process. The lungs and heart appear quite healthy.

As regards the effects of treatment: *carbonate of iron*, *gentian*, and *cinchona* seemed to increase the tendency to hæmorrhage, and did not improve the appetite; only short trials of them, therefore, were made. *Alum baths*, *alkaline baths*, and *cold shower baths* seemed to have no influence at all. Internally, *alum* and *sulphuric acid* were equally inert. *Valerian* did not make her a bit less hysterical. Now, these are what may be called "representative medicines;" each of them represents a class, and gives us a clue to what may be expected of the class. For example, if carbonate of iron, in moderate doses, does harm to your patient, and no good—if there follow headache, nausea, and no increase of appetite or weight, you may be sure that no other martial salt, probably no other metallic tonic, will be of service. But suppose it does some harm and some good at the same time; suppose that, in spite of the headache, the appetite is increased; suppose weight and strength are gained, or, in a dropsical case, the fluid is partially absorbed;—then you should give up your individual drug but still adhere to the class; you should administer some more suitable preparation of iron or some other metallic tonic. Gentian, again, may fairly represent the effect of non-astringent bitters on the mucous membrane of the stomach, and may exclude or recommend for trial a long list of vegetables. Alum is a type to me of a pure astringent for all animal tissues, cinchona of an anti-periodic, and so on. This is what I call the "representative system" of experimental medicine; and I strongly advise you to frame some scheme of the sort for your own minds. Take care to choose as the representative some drug in very common use, with the properties and effects of which you can become well acquainted, and which may be given as pure and uncombined as possible. The longer you are in practice, the oftener you will meet with cases in which neither your rules nor your experience will help you, and where your treatment must be all tentative and experimental. Then, instead of vaguely pushing out into the broad ocean of materia medica, you may feel your way by these, and save yourselves

and patients many a futile trial. It is a private approach to that simplification which is so much required in our pharmacopœial system. But again let me warn you to select as your test drugs those which you cannot fail to see in daily use by yourselves and others. A weathercock that you don't know is worse than no weathercock at all.

To return to our patient. She was bled three times, and after each bleeding successively there was a decided improvement in the quantity and quality of the eruption. Four times there were leeches applied to the groins, but I could not trace any benefit to that. But when leeches were applied to the spots affected, they certainly arrested the hæmorrhage at that spot, and diminished its future violence elsewhere. She had leeches applied in this way, to one place after another, thirteen times during the month of December, making seventy leeches in all, in addition to twenty-four ounces of blood taken by venesection. Yet, though bloodletting has been thus freely employed in the way most calculated to cause debility—namely, in small and repeated quantities, she has gained power and vigour, got less hysterical, and improved in every way, at the same time that her cutaneous hæmorrhage has been gradually diminishing. For a few days, while convalescing, she had a spontaneous diarrhœa.

Contemporaneously with bloodletting, I have employed *aloes* and *oleum sabinæ* in various doses; and consequently upon that treatment the catamenia occurred once six weeks ago, and flowed for five days. No immediate lessening of the cutaneous hæmorrhage followed the establishment of the uterine function; it had begun to improve before, and has continued to improve since, so that it is now apparently vanquished, and at last I have made the woman an out-patient, with directions to continue the aloes and savin every night till the catamenia again occur, and to be in the open air as much as possible. I hope also to persuade her to be let blood now and then.

This appears to me a case of cutaneous hæmorrhage, or, in homely Saxon, "bloody sweat," vicarious to suppressed menstruation. Some physicians* have fancifully attributed to suppressed menstruation every kind of increased secretion or congestion which accompanies the derangement of uterine function, and the female public are still more disposed to endorse this imaginative pathology. I am far from agreeing with them, and would restrict the explanation to those cases where a flow of blood from a distant part not organically diseased follows (*follows*, not precedes) a defective condition of catamenia, and where this flow of blood is a relief to previous symptoms, and not weakening to the patient. The most frequent forms under which this vicarious menstruation occurs are, hæmatemesis, epistaxis, hæmoptysis, and hæmorrhoidal flux, instances of which you may fairly expect to see in the hospital during your pupilage; but it is a chance if any of us see again a case where the discharge occurs through the external skin, and it behoves us therefore to seize the opportunity of taking note of the phenomena. My opinion of its rarity is formed on the difficulty I have experienced in finding records in authors who write on allied subjects. I suppose, since the invention of printing very few examples of so strange a thing can have escaped being put into type; yet Haller, in his exhaustive work,† can only cite eighteen from the industrious collectors of physiological curiosities during a century and a half. After him, Van Swieten ("Commentaries on Boerhaave," sec. 1286) quotes a case from Boerhaave's MS. remains of a young girl who from her twelfth year menstruated through an eruption of pustules in various parts of the surface, which pustules, after the menstruation, entirely disappeared. Pinel, in his "Nosographie Philosophique" in 1802, repeats Haller's collection, but evidently cannot then cap the cases with any later ones at all to our purpose. In Hufeland's "Journal der Practischen Arzneykunde"‡ there is mentioned a woman who menstruated through a scar of an abscess at the navel at her proper periods for two years; and a girl is said to have told a Mr. Gutgesell that her menses always appeared through a red spot over her knee. In the "Archives Générales de Médecine," an 1829, (t. xix., pp. 212 and 236,) are two cases recorded: one of a young lady, who, after ten years' suppression, menstruated for three years through a vesicular eruption in one finger; a second, of a prostitute, in whom the discharge occurred through spots of the size of a five-franc piece, which appeared from time to time one after another on the breast, in the axilla, on the back, the buttocks, and the epigastrium. This is called by the term I have to-day used, "bloody sweat," and the description accords closely with that of our patient, especially in the eruption being less periodical and more continuous than happens in most vicarious menstruations. The uterus also was healthy, for she became pregnant and bore a child.

In 1836 I find a rather fuller account of a case related in "Schmidt's Jahrbucher,"* by Heusinger. The woman had diseased ovaries and recto-vesico-vaginal fistulæ, and though sometimes the catamenia appeared at the proper place, they were generally arrested there, and appeared in a variety of parts of the external skin. The most common part was, as with our patient here, the face. She had suffered five years, and been in several hospitals. Heusinger says that she was so hysterical that she would have made a capital subject for mesmerism: whether he means that he suspected her of imposture I cannot say. M. Lheretier, in his "Traité Complet des Maladies de la Femme," (Paris, 1838,) cannot add any case from his own knowledge, but he quotes one recorded by M. Gardien, as reported by M. Brulé, of a young girl with suppressed catamenia, who had periodical monthly hæmorrhages from vesicles in the legs for six months, from an eruption on the left arm for a year, through a sore on the thumb for six months, by the upper eyelid for two years. This last was preceded by erysipelas, as was also an eruption of the same nature by the navel. She had also hæmatemesis and other vicarious hæmorrhage not to the present purpose. Curiously enough, this identical case is again repeated by M. Brierre de Boismont,† and said to be quoted from Pinel's "Médecine Pratique," but I cannot find it in that author's works at all. It is doubtless our old friend of Lheretier, who also again turns up in Meisner's "Diseases of Women,"‡ and there gets made into two persons by having her history quoted separately from each author. The last-named learned and valuable work adds no instances from contemporary observation of menstruation by the healthy skin;§ and I believe the same may be said of more recent authors. The chatty Meigs and the judicious West do not seem to have seen it.

The literature of the subject is scanty simply because the number of patients is scanty; and I cannot say I have learned anything new from books which this one case had not already taught, though they have given me the satisfaction of agreeing in almost all points of doubt. With their help, and the case before us, I think the following conclusions may be arrived at:—

1. Cutaneous menstruation occurs in robust and healthy-looking, rather than in anæmic, persons. It appears, in fact, to be a plethora.

2. It may occur without any detectible disease of the parts of generation: instance this girl, the prostitute mentioned in the "Archives," who had a child, and Mr. Gutgesell's case who was going to be married.

3. But may also be caused by disease in those parts.

4. The catamenia are not necessarily entirely diverted from their usual channel.

5. Periodical cutaneous hæmorrhage is not necessarily connected with the catamenia at all. Thus Van Swieten quotes from Beneventus the case of a man, who once a month sweated a great quantity of blood from the healthy skin of his right flank.‖

6. It is not always strictly periodical.

7. *Suppressio menesium* may go on for many years without any tendency to vicarious menstruation. Of this you see frequent instances in cancerous disease of the uterus; and a remarkable one in a female, now under my care in Victoria ward, who never had a womb at all, and in consequence has never menstruated either naturally or vicariously.

8. Cutaneous menstruation usually appears in the shape of a slightly swelled erythema, painful and tender, on which vesicles form; the vesicles quickly burst, and there is poured forth a sero-sanguinolent exudation, which then becomes bloody, and continues to exude like a bloody sweat for various times, from four days to a fortnight. No scar is left, but the skin is slightly discoloured for some time afterwards in the parts affected.

9. Hence I do not know if we ought to call it a disease of the womb any more than a disease of the skin.

10. Bloodletting is the most efficacious treatment; and it is most efficacious in the form in which it is known to produce its most powerful physiological effect—namely, in small repeated doses, and as close as possible to the seat of action—that is,

* For example, Dr. B. H. Tiedemann, in an inaugural dissertation, "On Suppressed Menstruation." Würtzburg, 1842.

† Halleri Physiologia, t. vii., p. 157.

‡ Vol. x., part 1., p. 192. Berlin, 1800.

* Vol. ix., p. 91.

† De la Menstruation. Paris, 1842.

‡ Die Frauenzimmerkrankheiten, vol. ii., pp. 874, 883, 888. Leipzig, 1845.

§ I wish to exclude cases of menstruation through varicose veins, ulcers, scorbutic sores, and the like, which are essentially different, the patients being anæmic and requiring different treatment.

‖ Van Swieten's Commentary on Boerhaave, vol. xiii., sect. 1286.

on the spots affected. The measure of the good effect of the bloodletting is the relief experienced by the patient without loss of strength.

11. No other remedies are as yet known to be of any advantage.

ST. BARTHOLOMEW'S HOSPITAL.

A Course of Clinical Lectures
ON
CHRONIC DISEASES OF BONES AND JOINTS,
CHIEFLY IN RELATION TO THE
TREATMENT OF DEFORMITIES.

By HOLMES COOTE, F.R.C.S.,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S AND TO THE ROYAL ORTHOPÆDIC HOSPITAL.

(*Delivered in the Winter Session*, 1861.)

LECTURE VI.—(*Concluded from p.* 183.)

CURVATURES OF THE SPINE.

THERE are two questions which are often put to you, to both of which satisfactory replies may be given. Phthisis, or tubercular disease of the lungs, is not a common accompaniment of spinal curvature. Nor is distortion of the pelvis, causing difficult parturition, except in cases of rickets. Deformity of the pelvis is more apt to ensue in cases of paralysis and arrest of development in one lower extremity, as in cases of paralytic talipes equinus.

Werner divides lateral curvatures of the spine under the following heads: skoliosis, scrofulosa, rachitica; skoliosis a laxitate articulorum; skoliosis rheumatica et arthritica. He speaks of swelling of the intervertebral cartilage followed by softening and ulceration extending to the bones being a cause. But English surgeons, while acknowledging that curvatures may proceed from disease, correctly infer that the deformity is merged, as it were, in the more serious process of ulceration of the bones; they term it "Pott's disease," and describe it as such. Again, tuberculosis of bone is less common than once supposed, the appearances described under this head being found often due to inspissated pus. But "skoliosis from laxity of the ligaments" is the common lateral curvature as known here. Werner speaks of the displacement and even partial luxation of joints; of flat-foot and genu valgum, and other indications in such patients of general debility: but he erroneously considers that the changes are sometimes due to rachitis. Between rachitis and general debility the distinction is clear and well marked.

One of his chief indications as to treatment is so important, and agrees so entirely with the views which I wish to inculcate, that I beg you to commit it to memory. It is that you must bring back the elongated ligaments to their normal length; and he also rightly adds that these ends are not to be obtained by exercises, but by steady mechanical pressure.

I have not time to speak here of arthritic or rheumatic curvatures, but proceed to the important question of treatment.

When a patient whom you imagine to be the subject of lateral curvature of the spine seeks your advice, be careful to examine the spinal column in its entire length. There may be ulceration in the lumbar region, accompanied by consecutive curvature in the dorsal region. This rule even applies to doubtful cases of wry-neck. Last year I was consulted by the friends of a young lady who was suffering from wry-neck and projection of the right shoulder. There was some talk of the division of the tendon of the sterno-mastoid muscle, a proceeding by no means free from danger. On examination, however, I found a considerable amount of ulcerative disease of the bodies of the lumbar vertebræ, and angular curvature of the spine in that region. The projection of the shoulder was consequent on this alteration of form; the wry-neck was due to irritation of the spinal cord. I corrected the deformity of the neck, which was a subject of serious annoyance, as well as I could by apparatus, but declined to interfere by surgical operation. The patient went to the sea-side with proper instructions; but the accuracy of the diagnosis was shown by the fact that since the period when I last saw her she has suffered from lumbar abscess.

Having ascertained that the patient is free from any such complication, proceed in the next place to ascertain that there is no physical defect, such as inequality in the length of the lower extremities—that there is no rachitic deviations from the proper form; inquire minutely into the patient's habits; note whether there be short sight or any disparity between the two eyes. Having arrived at the conclusion that the deformity is due to general debility, you proceed to give directions by which the elongated ligaments may be allowed to contract, the shortened ones become elongated, and the bones be pushed back to their proper relations. In very many instances this may be accomplished if the treatment be commenced early; but what hope of cure can be reasonably entertained when the vertebræ have become altered in form?

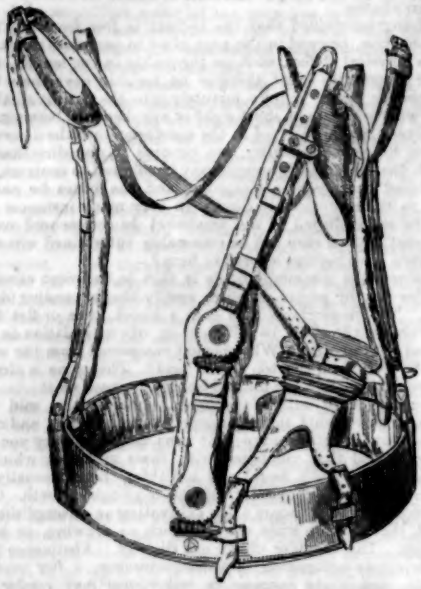
The mistake commonly made is that in incipient cases the muscles may by proper exercises rectify the impending deformity. Will muscular action cure a knock-knee or flat foot? Why should the effect be different in one articulation as contrasted with another? What benefit can accrue from the wearing of a weight on the top of the head? The spine is already too weak to sustain the natural burden imposed on it.

You may meet with many cases in which it is said that localized movements, muscular exercises, gymnastics, and calisthenics have effected a cure; but upon minute inquiry you will generally find that, combined with these measures, which as accessories are both useful and healthful, there is usually abstinence from some habit detrimental to upright growth. Girls are kept often many hours a day cultivating an accomplishment which they give up when married, such as drawing, or harp-playing. The shoulder grows out slightly. Abstinence from the injurious occupation, healthful exercises, a few months' growth, and slight increase in *embonpoint* may render the spinal deviation almost imperceptible. Such measures cannot remove it, but may cause it to remain stationary. What that person's future may be will depend on circumstances. Suppose that she becomes a mother, and has to nurse a family of heavy children, the evil returns, and that at a period in life when instrumental support is impossible. I have a lady under my care, aged forty-two, in whom this deformity has rapidly increased during the last ten years of her life. Health and spirits are quite gone. She has lost all moral courage, and while suffering severely from the sinking of the side, malformation of the chest, and visceral displacement, has not the fortitude to bear the least inconvenience which every instrument must in some measure cause. Those changes in the heart and lungs which I have already described are now taking place—namely, dilatation of the right cavities and pulmonary emphysema, and if she were called upon to exert herself for a living, she would be in danger of falling down dead.

There is but one way of correcting spinal curvature,—namely, by mechanical support and direct pressure. That pressure must be unremitting, commenced early, and maintained at the proper standard for many months, perhaps for years. The inconveniences attendant on such treatment are doubtless considerable; but what have we to put in its place? Will the general health bear confinement in the prone position on a couch? And as regards localized movements, they may pull upon and even stretch contracted ligaments, but they cannot guard against their recontraction. But in nearly every case there is a stage in which a moderate amount of support will effect all that is necessary. When the spine first begins to yield, the curve being periodical as it were, and coming on only in certain postures of the body or after fatigue, the greatest possible amount of benefit may be obtained by the wearing of stays provided with lateral supports. These side-crutches, introduced so as to present no unsightliness nor demand alteration in the dress, serve to maintain the spine in the upright position. The stays, called "French stays," fix in front, but can be tightened to any degree by strings which pass from behind forwards and then round the waist. Instructions must be given that the patient should rest upon the sofa whenever the back begins to ache; and with this mechanical treatment you may combine the administration of tonics, proper out-door exercise, and any well-regulated amount of calisthenics.

The more decided curvatures, however, are to be treated only by powerful apparatus. Fig. 12 is a specimen of the instrument. It is weighty and strong; but if it were not so, it could exert no active influence on the spine, which would press the instrument itself back, instead of yielding before it. It is constructed on the same principle as Tavernier's belt, but is incomparably superior, the pressure being exerted by pads attached

FIG. 12.



to steel rods moved with cog-wheels. The object which you have in view is to raise the shoulder which is depressed; to push as far as possible into place, by gentle yet unremitting force, the displaced bones by acting on them through the ribs, and to maintain them in their right position until the tendency to curvature has passed away. During all this time the patient may take the usual exercise and follow her accustomed avocations. But let me give this advice: Do not undertake the management of a confirmed case unless it is agreed that your attendance is to be very frequent, and extended over twelve months at least; and, moreover, do not allow the patient or the friends to take charge of the instrument. If these rules be neglected, disappointment will follow, and the blame attached to want of success will rest upon you.

FIG. 13.

The apparatus, now well known, and called by the name of the gentleman who designed it—Mr. Tamplin,—may be worn by infants as well as adults. Apparatus somewhat similar have been designed by Messrs. Adams and Brodhurst.

Time, gentlemen, warns me that I must be brief; but there is yet a word to be said on posterior curvature and anterior curvature. The former, called cyphosis, is known by the name of round shoulders, and is common in growing lads, and young girls accustomed to carry heavy weights in both hands equally, such as a dinner-tray. You treat the deformity in the same manner, only the crutches are double, and of the same length, and the pressure is made direct from behind forwards. Anterior curvature, or lordosis, is generally associated with disease of the hip, or displacement of the pelvis from the ossa femoris, as in congenital dislocations. It will be mentioned in speaking of the treatment of chronic diseases in that articulation.

We have sometimes to encounter an objection raised to the use of such apparatus as now lies before you—namely, that the pressure tends to flatten the ribs. There is the skeleton of a person, the subject of lateral curvature, who never wore apparatus of any kind. You may observe that the flattening of the ribs and consequent deformity of the chest is excessive. There is no more certain way of preserving the proper arch of the chest than by steadily maintaining the upright position of the spinal column, and this, as far as my experience goes, can be only attained, in cases of lateral curvature, by persistence on the part of the patient in wearing mechanical support, exerting a pressure, which must be increased, under the surgeon's superintendence, day by day without intermission, so that the displaced vertebræ may by degrees regain their normal direction.

ON THE

INDUCTION OF PREMATURE LABOUR.

ILLUSTRATED BY CASES.

BY HENRY JAMES, ESQ., F.R.C.S. ENG.,

SURGEON AND ACCOUCHEUR TO THE CITY OF LONDON LYING-IN HOSPITAL, FELLOW OF THE OBSTETRICAL SOCIETY.

THE important position which the induction of premature labour holds amongst obstetric operations, from the great interest which attaches to it as a means of saving the life of the child as well as of alleviating the suffering of the mother, has induced me to communicate to the profession the method which I have for many years adopted for its induction, with almost uniform success. And here I may add that I have learnt, since the time when I first, in 1848, used the operation to which I refer, that Dr. Stultz also successfully adopted a similar plan at an earlier date—namely, in 1834.

When about to perform the operation, the patient is placed in the usual obstetric position, and the forefinger of the left hand is then passed up to the os uteri, and, as soon as possible, between its lips into the uterus; the neck is now to be slightly pulled down, and the finger, still within, is to be passed round it as far as possible. But the passage of the finger through the os uteri is seldom accomplished upon the first attempt; upon the second trial, however, the vagina will generally be found to be more lubricated, and the os also to be situated lower down; and frequently it will be necessary to repeat the manipulation upon the following days until a third or a fourth time; and great assistance may also be obtained by the patient bearing down, or by pressure being made with the right hand of the operator upon the fundus of the uterus, because in cases requiring such aid the uterus is kept high up by the unusual prominence of the promontory of the sacrum. Upon each of the above occasions some pains will usually ensue, and ultimately the sensations of labour will come on; when an elastic tube, or a male catheter (No. 10), free at one end and attached at the other to an elastic bottle, is to be passed up through the os and between the walls of the uterus and the membranes to the extent of from four to six inches. In doing this, considerable care is required so that rupture of the membranes may be avoided; and if any resistance is felt to the passage of the tube it should be withdrawn and passed in another direction. Mention is made of this more especially, because I once experienced such an obstruction, and upon pushing the catheter on a stream of blood came through it; and I inferred that, without doubt, the catheter had been passed under the placenta. The catheter or tube having been in this manner inserted, pressure is to be made upon the elastic bottle connected with it, which has been

previously filled with eight ounces of cold water, and in this way a sensation of cold is conveyed to the child, which generally causes it to plunge about; afterwards pains follow, and the water which has been injected is generally returned in gushes. So soon as the os is dilating and the membranes are at all protruding, they should be ruptured, and the birth will speedily take place. The patient should be desired to move about freely during the period, and a brisk purgative may also be given. I have made use of the secale as an auxiliary, but have been disappointed with the result.

CASE 1.—The first case which I find recorded in my note-book is that of Mrs. S——, whom I attended in her confinement in my private practice in 1848. The eye was the presenting part, and a deformed pelvis was found to exist to such an extent that craniotomy proved to be necessary, and was performed with very great difficulty. Being thoroughly satisfied that a child at the full time could not be born alive, I advised that if she again became pregnant she should obtain assistance and have labour brought on at the seventh month. On Oct. 1st, 1849, she called to inform me that she had just completed her seventh month. On the following day I commenced the operation for the induction of premature labour as above detailed, and on the 10th she was delivered of a living female child, and quickly recovered strength. In January, 1858, after an interval of more than eight years, she again consulted me. I commenced the same operation, and after an interval of twelve days labour came on, which lasted for many hours, during which she suffered severely. The birth was a living male child, with the head as elongated as I remember ever to have witnessed. Her recovery was good, and last year I saw these children, who were enjoying most vigorous health.

CASE 2.—Mrs. S—— was delivered in the City of London Lying-in Hospital on Feb. 11th, 1851, by craniotomy, in consequence of deformed pelvis from projection of the promontory of the sacrum and flattening of the pubic arch. I advised her to obtain assistance at the seventh month if she were again pregnant. She came to me on the 3rd of February, 1852, stating that the seventh month would be completed at the end of that month. She was admitted into the hospital, and I commenced the operation for induction on the 28th of February; and on March 3rd, at half-past ten P.M., she was delivered of a living female child, the membranes being ruptured only twenty minutes before the birth.

On April 28th, 1853, Mrs. S—— was again admitted into the hospital. Two doses of secale were given on this occasion as auxiliary to the operation. On May 2nd the membranes ruptured, and on the 4th she was delivered of a male child, which had been dead many hours.

On April 7th, 1854, Mrs. S—— was again admitted, and at eleven P.M. on the 13th was delivered by induction of a living male child. She had adherent placenta, and lost a considerable quantity of blood. On the 16th the mother and infant were doing well.

CASE 3.—Mrs. C——, a diminutive woman, and having a crooked spine, was delivered at the City of London Lying in Hospital, on Feb. 23rd, 1855, by craniotomy, the operation being necessary in consequence of great deformity of her pelvis.

On Feb. 3rd, 1856, acting upon advice which I had previously given her, Mrs. C—— came to me, stating that she had just completed her seventh month of pregnancy. She was at once admitted, and on the 4th of February the dilatation of the os was commenced. On the 10th of February she gave birth to a living male child, which, however, was very feeble, and survived only till the ninth day. The mother recovered without any unfavourable symptom.

On June 15th, 1859, Mrs. C—— was again admitted, in a very feeble and exhausted condition, having suffered from great privation. After full deliberation, I proceeded with the operation, considering that less risk was incurred by doing so than by allowing her to go her full time. On the fifth day, she was delivered of a male child, which was much decomposed; and on the tenth day the mother died of pyæmia.

CASE 4.—On July 1st, 1858, Mrs. C—— came into the hospital, having been sent up from Woodford for admission, in consequence of having gone through a severe labour on a previous occasion with her first child, arising from a narrowed pelvis. She was a short woman, of fair complexion and of healthy appearance. From the history of her previous labour and the examination, in which I found great projection of the promontory of the sacrum, I determined to bring on labour. I dilated the os, and on the third day injected. At eleven A.M. labour pains commenced, and at half-past six the os uteri was well dilated, and the bag of membranes was protruding. Being, however, unable to find the presentation, I introduced my hand, and found the head, but so much above the promontory of the sacrum that I determined to turn, by which means, and after considerable difficulty with the head, I delivered her of a living male child. On July 26th, the mother and infant left the hospital in perfect health.

On Nov. 3rd, 1859, Mrs. C—— was again admitted, for the purpose of having labour brought on. During four successive days I dilated the os with my finger, and on the seventh day injected cold water. Pains then came on in the evening, and became stronger during the night. At eight A.M. on he 8th I examined her, and found the os dilated to the size of a five-shilling piece; the vagina and os were in a very dilatable condition, and the membranes were protruding, but I could not detect any presenting part. The pains went on through the day, and at seven P.M. they recurred every three minutes with great strength. Still I could discover no presentation. I now introduced my hand to turn, and while so doing the membranes ruptured, and a hand slipped down. I turned, but all my efforts failed to get the head past the brim of the pelvis. I now introduced a blunt hook into the mouth, and again tried to extract; but at length I was compelled to lessen the head, and thus completed the delivery. Upon introducing my hand to turn, I found the lumbar vertebræ projecting so far forward that the child was resting on the pubis, and thus the non-success in finding the presentation was accounted for. She had no unfavourable symptom, and left the hospital in good health.

CASE 5.—On Aug. 20th, 1858, Mrs. R——, a very short woman, aged twenty-eight, was sent to me for consultation by a gentleman at Islington, in consequence of craniotomy having been performed in her first confinement. Upon examination I found the promontory of the sacrum so far forward as to narrow the brim of the pelvis very considerably, and the uterus was so high up that I was quite unable to get my finger into the os; in fact, six days elapsed, during which I made repeated trials, before I succeeded in doing so, and then I found the breech presenting. On the 28th I injected the cold water. On the 29th the pains came on, and the membranes unfortunately ruptured. On the morning of the 30th she was delivered of a male child, which, however, in consequence of the great difficulty in the passage of the head, was still-born. The mother recovered favourably.

On July 22nd, 1859, Mrs. R—— was again admitted, and was delivered, by the induction of labour, of a living female child. On the 28th the mother and infant left in good health. I have seen the child several times since in the thorough enjoyment of good health.

CASE 6.—On Sept. 9th, 1858, Mrs. H——, aged thirty, was admitted at the seventh month, in consequence of my having been obliged to deliver her by craniotomy in Aug. 1857, which was rendered necessary on account of a deformed pelvis. I proceeded as above described, and on Sept. 13th she was delivered of a living male child, which, however, was in such a feeble condition that it survived only three days.

On Sept. 20th, 1859, Mrs. H—— was again admitted, and on the fifth day from admission was delivered of a living male child. They both left the hospital in good condition at the expiration of three weeks.

CASE 7.—On the 16th of November, 1860, Mrs. C—— was again admitted into the Lying in Hospital, and upon examination I with difficulty reached the os uteri. On the following day, however, I succeeded in doing so, and also passed the tube within its lips and injected cold water. Pains now followed, but soon subsided. On the 18th I again injected, and pains commenced, and now recurred slowly, but with regularity. On the 19th my partner, Dr. Payne, reported to me that the pains were very frequent and severe; that the os uteri was fully dilated, and the bag of membranes was protruding, but that no presentation could be found. Upon visiting her, I introduced my hand, and, having ruptured the membranes, found the feet, which were situated over the pubis, and brought them down; then, with considerable difficulty, getting the arms and the head passed, I delivered her of a still-born female child, which, by the combined use of the Marshall Hall method and the warm bath, was recovered. On the 23rd of November the mother and infant were doing well.

Artillery-place, Finsbury-square, 1861.

ON THE

MODE OF ACTION OF ALCOHOL

IN THE

TREATMENT OF DISEASE.

By EDWARD SMITH, M.D., LL.B., F.R.S.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

(*Concluded from page* 134.)

Having thus established the foregoing facts, I proceed to consider the views of the late Dr. Todd on the therapeutic action of alcohols, as contained in his well-known lecture on that subject, and to see how far they may be supported by the present state of science. His views are based upon the chemical theory that alcohol is transformed within the system, and produces heat, and the following is a summary of his remarks:—

1. Alcohol acts primarily on the nervous system, and, like other hydro-carbons, but in a greater degree, has great affinity for the nervous system.

2. It acts in two degrees: one beneficially, when it augments the generation of nervous power; and the other injuriously, by deteriorating, impairing, or destroying the nutrition of nerve-matter. In the first degree, and when it acts beneficially, there is no smell of alcohol in the breath; but in the latter, or when the dose is too large, the odour is perceptible.

3. There is no true secondary depression of the vital powers, except when the quantity is too large, and then it acts by deranging the digestive functions.

4. Alcohol does not, in any dose, cause inflammation of the lungs, heart, or liver. The brain symptoms do not show congestion or inflammation, but a poisoning of the nerve-cell and nerve-fibre.

5. When carefully taken, it upholds the calorifying process, strengthens the action of the heart, and reduces the frequency of the pulse. By upholding the calorifacient process, it prevents oxydation of the nervous and other tissues.

6. It is simply absorbed into the circulatory system; but oil (another hydro-carbon) has a more complicated digestion, and therefore alcohol acts more quickly and certainly.

7. The dose should be from two drachms to two ounces, and repeated as frequently as food would be given, and with the same intention—viz., to save the tissues from oxydation. The dose and the frequency should be precisely adhered to.

8. The general use of alcohols shows an instinct in man for them, and in recovery from disease they uphold nervous force, and supply the most assimilable material for combustion. They calm the nervous system, and avert delirium.

9. It is very dangerous to withdraw the alcohol, but the signs which would sanction this are referable to deranged digestion—as flatus, eructations, sickness, and dry tongue and mouth; and also the smell in the breath, which implies that the alcohol is passing off unchanged. Coma and delirium from excess of alcohol rather indicate that more alcohol should be given.

Such is a summary of Dr. Todd's views, and they chiefly include the belief that alcohol increases nerve-nutrition, strengthens the heart's action, lessens the rapidity of the circulation, shields the tissues from oxydation, and produces heat; and the sign which measures the efficiency of it is the non-existence of the odour in the breath. As to the skin, he merely remarks that when alcohol is given to a patient who has a hot skin and rapid pulse, it may look like an illustration of the dogma, "Similia similibus curantur." In reference to all his inferences from the supposed transformation of alcohol in the system, we may remark that they are of no value if it be shown that this transformation does not occur, but that alcohol, after remaining in the system for a time, and disturbing its action, is ejected still as alcohol. I believe that the latter is almost, if not quite, certain.

I see no ground whatever for the statement that hydro-carbons have an especial affinity for the nervous system, taking starch and oils as the representatives of this class, and Dr. Todd does not adduce any. Neither has it been in any way proved that alcohols improve the nutrition of the nerve cell and fibre in any separate and special way, but only by improving the whole nutrition of the body. Indeed, the phenomena of nutrition lead our attention away from mere local actions as independent conditions, and teach us that it is a general and not a local act. All the phenomena attending upon the action of alcohols, when taken in quantities which may render their effects noticeable, evince great nervous disturbance; and I cannot but believe that, whilst the nervous system is principally affected, it is by the opposite of a healthy and nutrient action.

The statement as to the action of the heart is doubtless correct, as is also that upon the frequency of the pulse; but the latter action is indirect, and probably due to the former, whereby a larger quantity of blood is forwarded at each contraction of the heart, and the blood is more perfectly distributed to the whole body. A rapid pulse is commonly a small one, and the impulsion of a large quantity of blood at a time lessens the necessity for the quicker circulation of it.

It is singular that so acute an observer should have made so little reference to the effect of alcohol upon the skin, its power to accumulate water in the body, and to retard the elimination of urea; but in reference to the former I may remark that acetate of ammonia was a most frequent adjunct to his alcoholic treatment, and this might do much to counteract the action of alcohol upon the skin. Moreover, whilst he did not withhold alcohol when the skin was hot and dry, his cases were frequently such as had perspiring skins, and in such instances he remarked upon the diminution in the perspiration during the action of alcohols. It may also be here observed that Dr. Todd most commonly added chloric ether, and not unfrequently quinine, to his plan of treatment, and hence there were several actions induced, some co-ordinate and others opposed.

His statement in reference to the absence of alcoholic exhalation from the lungs, in cases of disease in which the alcohol is well borne, is worthy of further investigation; but on inquiry I do not find that this fact has been recognised by others. If alcohol pass off untransformed, it is evident that this cannot be true; but if it be true, it is a most valuable guide.

Upon the whole, I do not think that the arguments used by Dr. Todd are now sufficient to establish his theory of the action of alcohols, or to warrant his peculiar plan of administering them; but, on the other hand, I think that the practice which he pursued must rest only upon the ground of his personal authority.

It now remains to state the conditions and stages of disease to which alcohols, in various forms, seem to be well fitted,—the action in health being accepted as a sufficient guide,—and it will not be difficult to show that the usual practice of the profession has been based upon truth, however little or much the mode of action may have been understood.

I think that it must be accepted that *the essential and direct actions of alcohols, as remedial agents, are, the increase of the force of the heart's action, the local stimulation of the stomach, and the diminution in the action of the skin;* whilst the most important dependent actions are, the retention of urea and fæces by, or with, retention of fluid, diminution of certain secretions, and derangement of the assimilative process.

In conditions in which the force of the circulation is too feeble, there must be defective nutrition, innervation, and oxydization of the products of alimentation; for a certain fulness of the bloodvessels is clearly necessary to such brain phenomena as consciousness, as may be inferred from fainting; to excretion, as may be seen by the increase of urine after ingestion of fluids; to general innervation, by the sense of *malaise* which accompanies feeble, and of *bienaise* which is found with proper, heart's action; and a certain frequency and duration of exposure of the blood in respiration, is necessary to the proper interchange of gases, whilst a due amount of action of the heart, as well as of inspiratory effort, is required for the free circulation of the blood through the lungs. Hence, with weakening of the force of the heart, the muscular and nervous forces are weakened, and all vital processes are inadequate to health.

Such a state is that of general debility, deficient innervation, or exhaustion from numerous causes, temporary debility from over-exertion or anxiety, convalescence from almost all diseases, and the state of exhaustion in fevers, with certain limitations.

If, in such conditions, alcohol be administered in such a manner as not to induce derangement of the system, it is easy to see how Dr. Todd's statement may be verified—viz., that it improves the nutrition of the nerve-structures, and does not produce inflammation; and, in addition, it may be shown that, by its power to increase the force of the circulation,

it will prevent or remove the tendency to local congestion of organs, as the lungs and liver, and the results of such congestion—viz., effusion of fluid,—and will improve the whole nutritive and vital powers of the body. This is certainly in accord with universal practice, both in this and former ages, for whilst we may appeal to the great mass of the profession in reference to their experience now, we have on record, in the works of Aretæus, an admirable description of the effects of wine in such conditions in his day, which we will transcribe. In the treatment of syncope, he remarks: "But if converted into syncope, and this also happens, (the powers of life being loosened, the patient being melted in sweat, and all the humours being determined outwardly, the strength and pneuma being also dissolved,) we must disregard the delirium, and be upon our guard lest the patient be resolved into vapour and humidity. Then the only support is wine, to nourish quickly by its substance, and to penetrate everywhere, even to the extremities; to add tone to tone; to rouse the torpid pneuma, warm that which is cold, brace what is relaxed, restrain those portions which are flowing outwards,—wine being sweet to the sense of smell, so as to impart pleasure; powerful to confirm the strength for life, and most excellent to soothe the mind in delirium. Wine, when drunk, accomplishes all these good purposes, for they become composed by the soothing of their minds, are spontaneously nourished to strength, and are inspired with pleasure."

But we require at least one other indication as our guide in the administration of alcohol—viz., the condition of the skin. The regulation of the heat of the body, as well as the due distribution of the volume of the blood to the central and peripheral organs, rests very much with the skin. We know well the great benefit which results in the last stage of fevers, in local inflammation, and in sun-stroke, from the free use of cold water to the skin, although that could cool the body only by contact and radiation; and of the application of warmer fluids in similar conditions, which, so far as they were of lower temperature than the skin, directly cooled the body, and so far as they approached or exceeded that of the skin, might tend to restore the function of evaporation to the skin, and thus indirectly cool the body. Both these plans are of well-known efficacy, and although apparently opposed, produce, or tend to produce, by different methods, the one result. Now although there may be deficiency in the heart's action, if the skin be hot and dry, it is manifest that great risk may follow the use of alcohols; and when, as in the sthenic stage of fevers and inflammation, the force of the circulation is increased, from the resistance to the current of blood offered by the capillaries in the great inactive external organ of the body—the skin,—it must tend directly to do injury. Hence, it was never the practice to give these substances in the active and hot stage of fever; but when the condition arrived in which the skin had lost something of its dryness, and become soft, and particularly when it perspired, alcohols and bark became the sheet-anchor of the practitioner. With a perspiring skin, wine and other alcohols could be given profusely, and I once gave six bottles of port-wine to a female in forty-eight hours, in such a condition occurring in fever. These are the states in cholera and in diphtheria in which very large quantities have been administered, with the effect of saving life from imminent peril.

Such, also, were the views of the ancients, for Aretæus again writes: "But if the period be already come to a crisis, if there be dew on the clavicle and forehead, the extremities cold, the pulse very small and frequent, or if creeping and feeble in tone, the patient must take a little food, and partake of wine effectually." And again: "But if much sweat flow, the pulse come to a stop, the voice become sharp, and the breast lose its heat, we are to give as much wine as the patient can drink. For those who are cold, wine is the only hope of life."

Hence, a feeble pulse and an active skin are, and have always been regarded as, the clear indications of the requirement of alcohol, and as the skin loses its excess of action, the rapidity of the pulse will decline, and its fulness and force increase. This is the most perfectly exemplified in the case of many Europeans, even ladies, living in India, who find it really impossible to sustain innervation without the use of some forms of alcohol.

I have before referred to Dr. Todd's practice of giving acetate of ammonia, and may remark, that in cases of fever, when the exhaustion had just begun, it was always the rule amongst practitioners to give ammonia, and not an acid, with the cinchona, with or without wine; and no doubt the true action of this was, to temper the effect of the bark and the alcohol upon the skin, so as to prevent a too rapid reduction of the action of the latter organ. It is, however, singular, that patients with hot and dry skin should have borne the exhibition of twelve or twenty ounces, and even much more, of brandy daily for weeks together, whatever may be the truth as to the mortality, or prolonged duration of the disease, which followed its use. We see, in health, that there is a remarkable variation in the toleration of the system to the action of alcohol, and in certain conditions of disease we know that the toleration is much greater. If Dr. Todd's statement be correct as to the non-emission of the fumes of alcohol by the breath in certain cases in which large quantities have been given, it is quite open to question if, in such cases, the alcohol obtained its usual entrance into the circulation. This seems to be the explanation of the similar condition in cholera, where the vital power of absorption is so greatly reduced, and it is quite certain that the body has naturally a power to limit the introduction of food and water into the blood, but allows it to pass off by the bowel. This is, probably, the safety-valve provided for such emergencies.

It has fallen to my lot to see cases of subacute inflammation of the lungs, and of the deposit which has succeeded to the inflammation, treated on Dr. Todd's method with alcohol, whilst the action of the skin was deficient, and I certainly have been impressed with the belief, that the progress of such cases towards recovery was greatly retarded.

The action of alcohol in restraining the secretion of the saliva and of the mucous membranes did not appear to me, in such acute or subacute cases, to be of great importance; for whatever might be the state of the tongue, if the skin were freely acting, and other conditions called for the use of alcohol, the alcohol was well borne.

It is impossible to pass over in silence the influence of alcohol in lessening the excretion of urea; for if it do so simply by causing the retention of fluid in the body, it may be most prejudicial in cases of fever, where the whole safety of the patient seems to depend upon the free elimination of the excessive amount of urea which then occurs. It is only when the amount of urea has naturally fallen with the subsidence of the febrile condition that alcohol can be safely administered.

But in any condition in which the amount of urea is lessened by reason of interference with the digestion and transformation of food, it is allowed by all that alcohol is injurious. In this condition it is very likely that the diminution in the flow of saliva may play a very important part, for it must greatly lessen the transformation of starch, and the retention of the fæces with other co-ordinate actions will explain the temporary condition of the liver and the headache, which are their constant attendants.

The efficacy of alcohol in delirium and coma has been quoted as a prime argument in support of recent views. When the delirium is not the result of blood or brain disease, but indicates exhaustion, as in delirium tremens, syncope, or after fright, it is easy to explain that alcohol, opium, or bark, by giving force to the heart, and lessening the action of the skin and the kidneys, is very likely to cause that condition of fulness of the blood-vessels of the brain which is necessary to perfect consciousness. In certain forms of coma the beneficial action of alcohol may be explained by its power to quicken the circulation. In both of these states we shall doubtless find that any remedy which acts in the manner now indicated will be equally beneficial with alcohol. Whilst there is so much diversity and apparent opposition in the remedies employed by various practitioners, there can be no doubt that they have a unity in the mode of their action which it is most desirable to discover.

The local action of alcohols upon the stomach does not call for remark, since the direction of their action is evident and well understood. The statement that alcohol must impede digestion, because when a substance is placed in it it becomes hard, can have no reference to the action of the moderate and diluted doses of alcohols which are usually employed in medicine.

The frequency and regularity with which alcohol should be given, when it is necessary to prevent exhaustion, have been well stated by Dr. Todd. As the primary action is temporary and passes away in half an hour, the call for it is quickly renewed, and in cases of imminent danger an interval of half an hour would be long enough.

As to the dose, I venture to recommend the use of small doses—say half an ounce of alcohol where spirits would be given; for we have shown that the frequent repetition of a small dose conduces both to a full and a sustained action. It may be well to remember that, as spirits contain from 40 to 70 per cent. of alcohol, sherry and port wines from 17 to 24 per cent., and good ales from 6 to 10 per cent., two ounces of spirit are equal in alcohol to about six or eight ounces of wine and twelve to sixteen ounces of ale.

In conclusion, I would invite attention to the use of the aromas of wines and the saccharine and nitrogenous elements of ales. It is clear that these have an action apart, and sometimes different, from the alcohol, and therefore are fitted for different conditions. The conservative influence of the aromas of wines seems especially to be fitted for the cases of excessive nervous action, in which to reduce the action would conduce to health; whilst in fever it has been remarked that the newer wines, containing little aroma and more spirit than old wines, have a better action.

It is well known that a quantity of alcohol may be taken in wine, and particularly in good wine, in health, without affecting the sensorium, which could not be borne at all if drunk as spirits and water—a fact due partly to the greater length of time over which the drinking of the wine is extended, and in other part to the opposing effect of the aromas. The value of the aromas has been recognised in all ages, and Aretæus directs that "the wine is to be fragrant and not very astringent."

As sugar largely increases the evolution of carbonic acid, and gluten has a similar but less and less rapid action, and in the latter case at least the carbon could not have proceeded from the gluten, I am led to believe that beers have the power of directly promoting the assimilation of carbonaceous food. Whether this is due to the quality of a ferment which nitrogenous matters possess is not here important to discuss; but the combination of alcohol with these principles and with a bitter property gives the most admirable compound which the world has seen, and especially fitted for the cases in which there are general enervation, defective powers of assimilation, and active state of the skin, as in the lassitude and exhaustion of many in hot climates.

Hence there are certain cases in which alcohol is chiefly called for, and in which spirits of wine may be given quite as usefully as the ordinary compounds; others in which the aromas of fine old wines are of great value; and a third class in which the addition of the nitrogenous digestive agent in ales should be given.

I think it would be to the advantage of our patients if, in cases in which we desire the effect of alcohol, and not the other ingredients found in alcohols—viz., increase in the action of the heart and decrease in the action of the skin—we administered spirits of wine instead of spirits, because by obtaining it during the first hours of distillation we may obtain nearly a pure alcohol, and by indicating the specific gravity we may at all times know the true amount of the agent which we would employ. Alcohol varies very greatly in flavour and degrees of purity, and it commonly happens that the kind which is used in the manufacture of spirits is that which passes off in the later hours of distillation, and contains much fusil oil and free acid, which are very injurious to health. Moreover, as there is a clear difference in the action of alcohol and fine old brandy, we have in alcohol an agent which will effect the two purposes above mentioned, and will at the same time support the respiratory process.

Queen Anne-street, Jan. 1861.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

ELECTRICAL CHOREA, WITH EPILEPTIFORM CONVULSIONS LIMITED TO THE RIGHT ARM; RECOVERY.

(Under the care of Dr. PARKES.)

IN our last series of cases of chorea, published in a previous "Mirror" (THE LANCET, vol. ii. 1860, p. 432), we referred to the rare form of the disease first described by Dr. Dubini, of Milan, under the name of *electrical chorea*, a form which had not been previously recognised in this country. The chief peculiarity in it is, that the movements are very much like those excited by electricity; hence the name. The following case, in which the epileptiform convulsions were limited to the right arm, in some respects corresponds to the disease as seen in Milan, and we have called it by the same name. On reading the particulars of the case, it will be noticed that the disease commenced with violent quivering and convulsions of the right arm alone, the fingers being flexed and extended spasmodically, as is seen in true epilepsy and from electric shocks. The patient lost consciousness for a few minutes only, on one occasion. Sometimes there was loss of sensibility in the right arm during the spasmodic movements, and once there was a tendency to twitching of the left arm and hand. Headache and giddiness were prominent features. Under the influence of treatment the symptoms subsided, and the patient left the hospital. His history shows that at one time he suffered from ague and frequent attacks of cerebral congestion, and his mother had fits. It is probable, therefore, that there is an hereditary tendency in this patient to tremor, convulsion, or spasm.

In thirty-eight carefully-observed cases detailed by Dr. Pignacca, the majority proved fatal, and were found to depend upon softening of the spinal marrow, similar to the same change occurring in the brain. That electrical chorea has a clearer resemblance to epilepsy than to ordinary chorea is the opinion of Dr. Wood, of Philadelphia, and we think that most physicians will be inclined to adopt the same view.

The notes of the case were taken by Mr. Geo. H. Case, clinical clerk.

Robert W——, aged forty, was admitted on Feb. 9th, 1860. He is a carpenter, and used to hard work; accustomed to drink pretty freely, but never smoked. Six years ago he had intermittent fever for twenty weeks, being then under the care of Dr. Walshe, when he also had an attack of congestion of the brain. Three months afterwards he had another attack of congestion, and was an out-patient at St. George's Hospital. Since then he has had slight attacks when he got drunk, but recovered without going to an hospital. His mother has fits, most probably epileptic. The patient has had syphilis. On the morning of admission he felt giddy on getting out of bed; he got up, and was going to his work, but on his way went into a public house and drank some brandy. Twitching of the right arm came on, and became worse after the brandy; had slight frontal headache, pain in the eyes, and bright specks floating before them. Feeling that he was getting worse, he came into the hospital at half-past eight A.M. When admitted he was suffering from violent quivering and convulsions of the right arm, and limited to it, the fingers being flexed and extended spasmodically; the whole muscles of the arm were rigid; the arm held perfectly straight, and parallel with the body. Violent aching pain accompanied this, and extended from the shoulder to the fingers' ends, something similar to the pain of cramp, but much more excruciating. There was no difficulty of breathing, no palpitation, nor any tendency to syncope. The first of these attacks lasted ten minutes; then an interval of ten minutes, followed by another attack lasting thirty minutes. The spasm considerably lessened for some minutes after admission; but on the patient lying down they came on more severely. The patient lost consciousness for a few minutes, his face was flushed, and he had pain about the right temple. On recovering from this state he felt giddy, and saw numerous round specks floating before his eyes. During the fit there was considerable twitching of the muscles of the right side of the face. Nothing remarkable about the pupils was observed; no twitching of the legs; no paralysis of any muscle. He was bled to the verge of syncope, twenty ounces of blood being drawn from him. This was followed by a relief of all the symptoms for a few minutes. The convulsion of the arm again returned for a few moments very severely. He was ordered four grains of calomel and ten grains of jalap at once, and a dose of house-mixture three hours afterwards. He felt well till half-past twelve, having no convulsion nor any tendency to unconsciousness, only a slight twitching occasionally. Pulse soft; face placid; tongue clean; intellect clear; urine natural.—Half-past twelve: The patient was again seized with violent tetanic spasm in the arm, the pain as before extending from the shoulder to the fingers' ends, and sensibility of the limb completely lost, which was not the case during the former fits. The sensibility returned on the spasm ceasing. Eight leeches were applied to the neck. For the first time he complains of slight tendency to twitching of the muscles of the left forearm and hand. The bowels not yet relieved. Diagnosis: Epileptiform convulsions, limited to the right arm.

Feb. 10th.—After the last note the patient was free from a fit for about an hour, when he was seized with another more

painful and severe than any, but in this sensation was not lost. During the rest of the day, fits occurred from time to time, about ten in all, but presenting no particular variation from the type described. The patient declares them to be so severe, that if one lasted an hour it would kill him.—Six P.M.: A turpentine enema was given, followed by two copious stools, to the great relief of the symptoms, and alleviation of the sense of weight and fulness in his head. He slept tolerably during the night, and suffered very slightly from muscular twitchings. This morning, his countenance is less flushed, and clearer; eyes not suffused, very few specks seen. Has had several fits more or less severe, presenting no peculiarity, during the morning, and one rather severe just now, which was limited entirely to the arm, and affected chiefly the muscles of the forearm; the fingers extended, but states he can flex or extend them at will, though he would find great difficulty in flexing the forearm.—At two o'clock, in a short fit, he was a little incoherent. The patient states that the night before his attack he got into a passion. To have a drop of croton oil, and a blister to the nape of the neck.

13th.—Has had no attack since the evening of the 10th. The croton oil acted powerfully, and he took morphine at bed-time. Did not sleep well, and was irritable on the 11th, when the dose of morphine was repeated, and he became composed. Slept well last night, and this morning is calm and placid. No headache nor giddiness.

14th.—Got up this morning, and on first walking felt slightly giddy.

15th.—Has had no twitching of the arm; slept well; feels very weak; bowels opened four times yesterday. No headache; no giddiness.

17th.—Says he does not feel so well; but there is no twitching nor headache.

On the next day he was convalescent, and was discharged well.

ST. GEORGE'S HOSPITAL.

CHOREA FROM FRIGHT, WITH SUBSEQUENT FORMATION OF ABSCESSES; DEATH FROM HÆMORRHAGE INTO ONE OF THEM.

(Under the care of Dr. PITMAN.)

Of four other examples of chorea which we now record, three originated in fright in young children. In the following case, such was the origin of the disease; but whilst under treatment, suppuration occurred in the side of the chest and elsewhere, and death ensued from hæmorrhage into the sac of a large abscess, with a continuation of the choreic movements to the last moment of life. We avail ourselves of the notes of the case as taken by Mr. Pick, one of the hospital pupils:—

Mary A. R——, aged seven, was admitted Nov. 6th, 1860. She was said to have been always nervous and irritable. Three weeks before she came in she was pushed into a ditch and much frightened. Ten days after this choreic convulsions came on. In the interval she had been unusually excitable—as her mother said, "out of her wits." When admitted, there were violent choreic movements affecting both sides, and much embarrassing the articulation; the sounds of the heart were natural, the bowels confined, and the tongue slightly furred. She was a delicate-looking child, with a florid complexion and light hair. She was purged, and had spirits of nitre with twenty minims of antimonial wine three times a day.

Nov. 13th.—There was no improvement; the movements were constant and violent, ceasing only during sleep. She suffered much from nausea and vomiting. The draught was now discontinued, and one-sixth of a grain of tartrate of antimony and three grains of extract of conium given as a pill every four hours.

15th.—Pulse very weak, and the spasms somewhat less violent.

17th.—Sulphate of zinc in gradually augmented doses, with valerian, were given, without apparent advantage. She had now rubbed all the skin off her hands by continued friction, and had to be fastened down in bed.

24th.—A grain of sulphate of iron had been added to her draught without advantage. She has slept very little, and is perpetually in motion, not being able to keep still for an instant.

29th.—A quarter of a grain each of tartrate of antimony and of opium were now administered in conjunction every six hours.

30th.—It was noticed that the left side of the chest near the shoulder was red and swollen. The attention of the surgeon was called to it, and a puncture was made, but nothing escaped; a poultice, however, was applied, and in the night an abscess broke and discharged a quantity of matter. Wine and bark were now given. She was evidently much lower; the convulsions were rather less violent.

Nov. 1st.—A redness was observed upon one heel, and an abscess appeared afterwards.

3rd.—The abscess in the shoulder opened again, and discharged about half a pint of pus. She now became very low; the wine was increased to eight ounces; the pulse was very weak; and there were sordes on the lips and teeth.

6th.—The abscess was now observed to be discharging a little blood occasionally. She gradually sank, and died sensible. The chorea continued without mitigation to the last.

Autopsy twenty-six hours after death.—The body was emaciated. There was a large opening just below the left acromion, exposing fibres of the deltoid muscle. From this, the finger passed, over the pectoralis major and beneath its anterior edge, into the axilla. A large blood-clot was protruding from the opening. The cavity into which the opening led was of very great size, extending from the clavicle to the level of the seventh rib in front of the thorax, and from the middle line to the anterior edge of the scapula, and was filled with loosely clotted blood. There could not have been less than a pint of blood, allowing for the serum. On injecting water into the subclavian artery, it was seen to come out of the long thoracic or one of its branches, but from the small size of these vessels it was impossible to make out the exact spot. The sides of the cavity were ragged and worm-eaten. No pus was seen. There was a small abscess over the left fibula, near the ankle, not exposing the bone. The brain was pale, with much subarachnoid fluid. The spinal cord was firm and quite natural. There were old pleuritic adhesions on the left side. All the tissues of the body were pale, but this was especially marked in the lungs, which were very exsanguine. The heart, liver, and spleen were healthy. The kidneys were pale, and their surfaces mottled by congestion.

CHARING-CROSS HOSPITAL.

CHOREA ARISING FROM NO SPECIFIC CAUSE, FOLLOWED BY AN ATTACK OF ARTICULAR RHEUMATISM; RECOVERY.

(Under the care of Dr. WILLSHIRE.)

THE relationship between chorea and rheumatism is well established in many cases, when the patient's antecedent history can be well made out. We here record a case, however, in which no previous history of rheumatism existed, and the chorea appeared without any assignable cause beyond the nervous temperament in a delicate and anæmic girl. Whilst under treatment for this complaint, a smart attack of acute articular rheumatism supervened, passed through its various stages, and then subsided, with complete recovery from both affections. This circumstance invests the following case with some amount of interest. For the notes we are indebted to Mr. Thomas Dobson, clinical clerk.

Sarah H——, a thin, pale, and strumous-looking girl, aged thirteen years, a native of London, where she has always resided. States that up to the commencement of the present illness her health had been very good. On the 11th of September last symptoms of chorea first showed themselves, apparently without any exciting cause. These symptoms not subsiding, but rather becoming violent, she applied for medical aid to the Royal Infirmary for Children, and was admitted as an in-patient, under Dr. Willshire's care, who ordered splints to be placed on the left arm, and the arm to be fastened to the side; to take a shower-bath every morning, and small doses of arsenic thrice daily. This treatment was continued for six weeks, and resulted in great benefit to the patient. She was now ordered some preparation of iron, and at the expiration of another fortnight left the infirmary, very greatly improved in health, though not quite free from choreic twitchings, when excited, after the medicine was discontinued. On her return home, the symptoms of chorea soon showed themselves again very distinctly, increasing gradually, and at the end of a month from the time of her leaving off the treatment had once more become so violent as to induce her to make application at the

Charing-cross Hospital. She was admitted on the 11th of December, 1860, and again placed under the care of Dr. Willshire. Three minims of liquor arsenicalis and also of tincture of opium in aniseed water, thrice daily, were ordered, and the shower-bath to be used every morning. The dose of liquor arsenicalis was gradually increased up to five minims during the five weeks she continued this treatment.

The patient was now (Jan. 19th, 1861) very much improved, but suddenly complained of a great deal of pain and swelling in the second joint of the middle right hand finger; it also had become contracted. Nitrate of silver, and afterwards poultices, were applied to the affected part, and in the course of a day or two these symptoms all subsided; she was, however, still suffering slightly from the chorea.

Jan. 21st, 1861.—During the previous night a violent attack of rheumatic synovitis set in, affecting the wrist and ankle joints, but more severely the left knee-joint, which was much swollen, its synovial membrane being distended with fluid. All symptoms of chorea had now entirely disappeared. She was obliged to keep her bed, and was ordered a blister to the knee, and to take one scruple of bicarbonate of potass, ten minims of wine of colchicum, and twenty minims of tincture of henbane, in aniseed water, three times a day.

22nd.—The blister has risen well; the knee still continues painful and swollen; the other joints are somewhat better; has not slept during the night; bowels open; tongue white; no pain over the cardiac region.

23rd.—The right knee-joint has to-day also become affected in a similar manner to the left; other joints as yesterday; complains also of some slight pain about the heart. To continue the mixture, and the right knee-joint to be blistered.

24th.—Pain in all the joints much better; very severe, however, over the cardiac region; did not sleep during the night, yet much relieved this morning.

26th.—Still improving; both knee-joints swollen twice the natural size. Compound iodine ointment to be applied.

28th.—Rheumatic pains have quite disappeared; fluid rapidly becoming absorbed.

30th.—The joints are all quite natural in size and form. As she complains of the colchicum purging her, it was ordered to be discontinued.

Feb. 2nd.—During the past night the middle finger of the left hand has become affected as that of the right hand had been previously, and yielded to a similar course of treatment. To have four grains of iodide of potassium in an ounce of quinine mixture, three times daily.

12th.—The patient left the hospital this day, perfectly free from both rheumatism and chorea.

CHOREA FROM FRIGHT, IN A CHILD; RECOVERY UNDER TREATMENT.

(Under the care of Dr. WILLSHIRE.)

The particulars of this case are briefly as follows:—A little girl, aged eight years, was admitted about the middle of February with well-marked symptoms of chorea, which originated some months previously in a terrible fright she experienced, on seeing her little sister—a very young child, who was in her charge—nearly run over in the street. The disease at once showed itself. Under the influence of two-grain doses of quinine and sulphate of zinc, combined with half a drachm of the tincture of valerian, the spasmodic movements had almost entirely ceased by the 22nd, and her general health was much improved.

When chorea arises from fright, as epilepsy sometimes does, the good effects of zinc, combined with some tonic and anti-spasmodic, are soon apparent in arresting the spasmodic movements.

ST. BARTHOLOMEW'S HOSPITAL.

CHOREA FROM FRIGHT; SECOND RECURRENCE OF THE DISEASE AFTER PREVIOUS CURE.

(Under the care of Dr. FARRE.)

In the present instance, the patient, Robert S——, aged thirteen years, is still under treatment. He was admitted on the 15th February, with well-marked choreic symptoms, which commenced six months before and constituted his third attack.

Five years ago the disease first appeared immediately after a fright, for which he was a patient in St. Bartholomew's Hospital, and in the course of a few weeks left cured. Three years afterwards he had a second attack, and got well after the use of sea-bathing at Brighton.

He is a pale lad, and now his symptoms are mild, although clearly marked. He has never suffered from rheumatism, but is much troubled with ascarides, and has had them on and off for more than five years; they were noticed by his mother. He has a loud, prolonged systolic murmur at the apex of the heart.

The treatment was commenced with a grain of calomel first, and five grains of scammony in milk, to expel any of the small thread-worms; and at the present time he is taking tonic and anti-spasmodic remedies, under which the symptoms are gradually yielding.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEB. 19TH, 1861.

DR. COPLAND, PRESIDENT.

THE minutes of the last meeting were read and confirmed.

The PRESIDENT announced the lamented death of Dr. Bentley, the founder of the Society, which had recently occurred; and expressed on behalf of himself and the Society the deep regrets which the event occasioned.

Several new members were proposed and elected.

A report on Dr. Dickenson's case of Tumours of the Skin and Peritoneum was read by Dr. BRISTOWE. It confirmed Dr. Dickenson's view that the tumour was colloid.

CANCER OF THE ŒSOPHAGUS.

Dr. ANDREW spoke of this specimen as an example of infiltrating cancer around the upper part of the œsophagus. The narrowing produced admitted only a bougie equalling in size a No. 8 male catheter. The patient was a woman fifty-three years of age. After much severe suffering she died of inanition.

TUMOUR OF THE LOWER JAW.

Mr. S. WELLS exhibited a tumour removed from the jaw of a young woman aged twenty-six years; it appeared to be fibrous in its character.

UNDEVELOPED TESTICLES FROM AN IDIOT.

Mr. CURLING showed the testicles from the body of an idiot, a lad of small stature, nineteen years of age. The right testicle was in the abdomen, and weighed only twenty grains; the left was in the scrotum, and weighed only thirty-seven grains. Microscopical examination showed that the structure of the testicle was itself undeveloped. It had been shown by Mr. Curling that this condition frequently coexisted with undeveloped brain.

Mr. PARTRIDGE inquired whether there was any difference in the structure of the two testicles in regard to their development.

Mr. CURLING replied in the negative.

A TESTICLE RETAINED IN THE INGUINAL CANAL.

Mr. CURLING showed this specimen, and referred to several cases, all of which, both of his own and from foreign sources, confirmed the view that in undescended testicle no spermatozoa were found. The case in question was a dissecting-room subject, with the right testicle only in the groin; the left was in the scrotum. An elaborate examination was made of the former. It weighed with epididymis 130 grains. The structure was natural; but neither in the testicle, nor in the vas, nor in the corresponding vesicula seminalis, were there any spermatozoa.

Mr. DURHAM inquired whether there was anything corresponding to a gubernaculum in this and similar cases.

Mr. CURLING answered in the negative.

Mr. PARTRIDGE observed that the absence of spermatozoa from the undescended testicle was still called in question by some authors. He had seen several cases confirming Mr. Curling's view; while one or two he believed to be opposed to it.

Mr. CURLING remarked on the loose evidence on which the latter cases rested, no anatomical examination having been made; the only fact being the reputed paternity of the individual. It was clear that such patients as those he had shown possessed sexual power; but results proved them to be sterile.

STRICTURE OF THE DUODENUM.

Dr. WILKS related the history of a case in which this condition existed. It was that of a new-born child, who vomited soon after birth, apparently meconium, and continued to do so for twelve hours, and then died. At the examination, a complete stricture, just below the bile-duct, was found. No probe could be passed through the minute opening seen.

Mr. CURLING thought it a very interesting specimen of malformation, and as bearing on a similar condition in the rectum with which we are familiar. It seemed to point to the conclusion that some of these obliterations were due to intra-uterine disease of the fœtus, and not to malformation strictly so called.

Mr. BALLARD believed the meconium existed only in the large intestine.

STRICTURE OF THE ŒSOPHAGUS.

Dr. WILKS related this case. There was difficulty in swallowing, and a bougie was passed through the œsophagus during life, and the surgeon believed stricture to be present. After death an exostosis was found on one of the vertebræ, and this was supposed to be the cause; but subsequent examination showed there was a cancerous growth higher up, which was the real cause. He wished to observe, that in labouring men exostoses, springing from the vertebræ or intervertebral substance, were excessively common.

Mr. PARTRIDGE confirmed this remark by a case under his care.

Mr. HENRY TAYLOR, of Guildford, exhibited a specimen of

INTERNAL STRANGULATION OF A PORTION OF THE ILEUM.

This rare form of accident occurred in the person of a married woman, aged thirty-six, and the mother of several children, the youngest of whom is nine years old; and since the birth of this child she miscarried once. One night, while stooping down to unlace her boots, she was attacked with violent pain in the belly and vomiting. The symptoms of strangulation of the bowel speedily followed, and terminated in death after three days. At the autopsy, a large mass of strangulated bowel was seen in the lower belly, consisting of the last four feet of the ileum; and lying obliquely across it was the uterus, its right corner being dragged upwards by the adhesion of its broad ligament to one point of the mesentery. The parts having been removed, it appeared that this adhesion formed one of two strictures encircling the gut at distant points, the other stricture being a fissure in the peritoneal fold forming the false ligament on the same side. This latter was the higher of the two, and was so tightly drawn round the bowel that it was no thicker than a loop of twine. The lower stricture was a thick band, and exerted much less pressure on the bowel, ten or eleven inches of which were within its grasp. The only explanation that suggests itself of this singular displacement is, that in one of her pregnancies the woman must have had inflammation of the broad ligament of the uterus, probably of the fimbriæ of the Fallopian tube, which then contracted adhesions to the mesentery; that on the uterus subsiding again after delivery, its right corner remained fixed in its new position by these adhesions, and the peritoneal portion of the ligament may thus have been stretched and torn, leaving a fissure through which a small fold of intestine subsequently passed, as well as through the loop formed by the connexion of the broad ligament with the mesentery. The two rings were then probably close together, and the bowel simply incarcerated. On the night of the attack, a fresh portion of bowel may have slipped through the upper ring, which became tighter as the protrusion advanced, and separated it from the lower ring, until the obstruction it produced became fatal.

Mr. WELLS had seen a fatal result occur after ovariotomy from strangulation of the bowel through an opening under the pedicle.

CANCEROUS TUMOUR FOLLOWING RECURRING FIBROID.

Mr. DURHAM showed a large cancerous tumour removed by Mr. Hilton from over the shoulder of a young and apparently healthy man, who received a blow there two years ago. A small tumour formed; a year since it was removed, and proved to be recurrent fibroid. The wound never completely healed. A large tumour replaced the old one very rapidly, and this was removed to-day; now it is, however, true cancer.

On Dr. O'CONNOR's suggestion, Dr. Wilks and Mr. Durham were requested to make a further report on it.

MISPLACEMENT OF KIDNEY.

Mr. DURHAM also showed an example of a kidney situated altogether above the level of the last rib; it was not imbedded in fat, but bound to the parietes by condensed fibrous tissue; and it was abnormally small. He believed it to be due to early intra-uterine disease.

HYPERTROPHIED SPLEEN.

Mr. PART exhibited a specimen from an old lady. A projecting tumour had been observed during life, the character of which did not seem very clear. After death the liver and the spleen appeared to nearly fill the abdomen, the latter weighing six pounds and a half. A little additional spleen was found at the lower part of the original one.

Dr. Hare was requested, with Mr. Part, to examine it further, and furnish a report.

RUPTURE OF THE HEART.

Dr. QUAIN showed a rupture more than an inch in length occurring in the anterior wall of the left ventricle. The tissue was in an advanced state of fatty degeneration, the coronary artery leading to it being atheromatous. The subject of it was a gentleman aged seventy-six, who had during late years been prevented from taking exercise, had lived generously, and had suffered violent pains about the heart, shortness of breath, &c. The first attack was a week before death; he had been subjected to anxiety and excitement. He died suddenly without a moment's warning, while in the act of conversing with a friend.

Dr. BRISTOWE exhibited a specimen of

TUBERCLE IN THE CEREBELLUM.

The mass of tubercle was situated in the upper and anterior part of the left lobe, and formed one-half of its bulk. The specimen was taken from a child, ten years old, who came under Dr. Bristowe's care at St. Thomas's Hospital last September, having, as was stated, been attacked suddenly with total blindness a few days previously. The only cerebral symptoms manifested by the child while in the hospital were persistence of blindness, with occasional unaccountable vomiting, and on the day preceding death, (which occurred at the latter end of January,) two or three epileptic fits. During the child's stay in the hospital, tubercular phthisis made its appearance, and progressed rapidly, and for a month or two before death, uncontrollable diarrhœa was superadded; so that death, although preceded by convulsions, was probably essentially due to pulmonary and intestinal tubercular disease. The case was interesting, in the first place, from the large size which the tubercular mass had attained; and, in the second place, from the association of blindness with disease in a portion of the brain, which, at first sight, would appear to have no connexion with the organ, or the capability of vision.

FRACTURE OF PATELLA.

Mr. PARTRIDGE exhibited two specimens. The cause was direct violence. The starred character was obvious. They were illustrated by some very beautiful drawings. One year after, at the post-mortem examination, bony union was found, a condition known to occur in some of these cases, caused by direct violence. Other injuries of the foot and pelvis, which occurred at the same time, were also described. The condyle of the femur upon which the patella was broken was very slightly injured. Very few specimens of fracture by violence to the patella existed in the metropolitan museums, but in two or three cases bony union had occurred.

Mr. BROOKE adduced some cases of bony union after violence, a result he believed due to the wearing a straight unyielding splint several months after leaving the hospital.

Mr. CURLING doubted whether it was possible to diagnose perfect bony union during life. He approved the system of treatment, but thought it was commonly adopted.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, FEB. 15TH, 1861.

MR. LEGGATT, V.P., IN THE CHAIR.

DR. ANSTIE read a paper

ON A CASE OF GASTRO-ENTERITIS COMPLICATED WITH ACUTE NEPHRITIS AND SIMULATING IRRITANT POISONING.

The author referred to the great rarity of such cases, and of the suspicions raised when so occurring. In the present case the patient was a weakly anæmic girl, aged fifteen years, in whom the menses had never yet appeared, and who was begin-

ning to present the aspect of chlorosis. For some time, indeed ever since the formation of some abscesses in the glands of the neck (three years before), she had been ailing, complaining of vague and indefinite pains in the back and epigastrium, which were from time to time relieved by medicines. She gave various indications of the hysterical temperament, and took little interest in anything. About twelve months ago she had a slight attack of scarlatina, but without any kidney affection as far as could be ascertained. The symptoms of gastro-enteritis began about a month before her death, with considerable and increasing pain in the epigastrium and back, and occasional vomiting, not necessarily connected with the taking of food. She came under the care of the physicians at the Chelsea Dispensary on the 17th of January last, and continued so until the time of her death, eight days later. Up to within two days of her death there were no alarming symptoms, but the sickness and the pain had both increased. On the 23rd, the vomiting became severe, and purging, before occasionally present, recurred with violence; and blood and albumen appeared in large quantities in the urine. Salines, ice, milk, and lime-water, and blisters, constituted the treatment. On the 25th she died from syncope induced by an accession of the violence of the symptoms. There were no convulsions, coma, or delirium; and no blister was applied after the kidney symptoms appeared.

At the post-mortem examination signs of inflammation were found throughout the large and small intestines, though most marked in the duodenum; the mucous membrane of the stomach and small intestines was covered with thick bloody-coloured mucus and was much congested, but no ulceration was found anywhere. The contents of the large bowel resembled fluid ordinary faeces, and the same congestion was apparent there also. The kidneys were large, heavy, and enormously congested, and of a deep port-wine hue; there was not the slightest evidence of chronic disease about them. All the rest of the viscera were healthy.

The stomach and intestines and their contents were put aside for analysis, and tests applied (by Drs. Marcet and Anstie) for arsenic, antimony, copper, lead, and mercury, with negative results. The microscope failed also to detect any foreign powder or substance.

The author proved clearly that this was not a case of chronic Bright's disease ending in uræmic poisoning; and finally dwelt on the rarity of cases like the present. In the present instance there were no circumstances of a suspicious character; but had such existed to justify the impression produced by the train of symptoms, an almost insuperable conviction of the criminality of some person or persons who had access to the deceased would necessarily have arisen. The phenomena were precisely those which might have presented themselves had a metallic irritant been administered in small doses over a considerable period of time, and at last been given in one or two large doses, producing the alarming symptoms which occurred two days before death, and amongst which it would not be surprising to find acute irritation of the kidney appearing for the first time. Much interest attached itself to this case for the physician and the medico-legist.

It may be as well to mention, that though the analysis was only made for the above metals, other considerations proved the impossibility of poisoning by zinc, oxalic acid, cantharides, or savin. This completed the list of irritant poisons which require any consideration.

Mr. POLLOCK narrated two or three cases of

FEMORAL HERNIA,

in which he considered death had been brought about by the force used in applying the taxis. He strongly advocated operation as soon as sickness occurred.

Mr. ROUSE narrated a case in which an undescended testicle was mistaken for hernia, and in which the endeavours to reduce it and the application of a truss occasioned death.

AT the previous meeting on the 1st ultimo, the President in the chair,

Mr. MILNER related some particulars of a case of

RODENT ULCER,

and exhibited a water-colour drawing of its present condition. It occurred to a woman, aged fifty-eight, who first came under his observation in April, 1859. It was then about two inches and a half in diameter. Commencing in 1854 as a small warty growth on the right cheek, it fell out, leaving an ulcer with hard edges, which gradually but slowly attained its present size and appearance. It now occupies the entire cheek from the eye to the jaw, and from the nose to the middle of the ear, a portion of which it has destroyed. In depth it does not extend beyond the integuments. The author then made some remarks upon the invariable characters of this disease, the age at which it occurred, its position on the face, the little impairment of the health, its slow progress, the little pain or hæmorrhage which attends its progress, the odourless state of its secretion, its everted edges, and the unaffected state of the lymphatic glands. Offering some opinions as to the nature of the disease, Mr. Milner called attention to the great importance of recognising it at a time when the only treatment which had been found available in stopping its ravages—viz., its entire destruction by caustic or free removal by the knife—could be effectually carried out.

Mr. BARNES related a case of

DISEASE OF THE BLADDER.

A gentleman came to him in June last, complaining of a severe pain in the glans penis, from which he obtained relief by passing his urine; but the frequent recurrence of the pain, with the necessity for frequent micturition, rendered his condition very distressing. Not improving under treatment, the author had obtained the assistance of several practitioners in succession, who advised various remedies, but without giving any permanent relief. Steel and sedatives were given, and injections into the urethra were used. In the month of October, Mr. Barnes passed a catheter into the bladder, with the view of exploring it, the patient having been made to pass all the urine he could, when, to his surprise, he drew off a pint more urine. From this time the pain entirely ceased, only recurring if the urine was not drawn off within nine hours. The patient was taught to use the catheter, and has remained perfectly free from his previous discomforts. The urine during the continuance of the complaint was quite free from mucus, but some albumen was detected in it about the end of August. The author thought that this anomalous affection arose from partial paralysis of the bladder, which accounted for its not being entirely emptied; but that the continual stream of urine passing prevented any stagnation of it, and its consequent effect upon that viscus.

Mr. BARNES likewise gave some particulars of a case of

RETENTION OF URINE,

which led to the sloughing of a considerable part of the mucous membrane of the bladder, a portion of which he exhibited to the Society. It occurred to a lady after her confinement, which had been of long duration from inefficient pains. No notice had been taken of the bladder until three days subsequent to the labour, when intense pain was complained of in the abdomen. The catheter drew off five pints of black and offensive urine; it was accompanied with an enormous quantity of mucus. The catheter was afterwards used every six hours, the urine always containing a quantity of mucus. A fortnight afterwards a membrane was found projecting from the urethra, which, when removed, was of very large size, and consisted evidently of a considerable portion of the diseased mucous membrane of the bladder. The patient had recovered, with a limited power to retain the urine.

GASTRIC FISTULÆ IN TWO DOGS.

Dr. MARCET exhibited to the Society two dogs, the bearers of gastric fistulæ. He had performed the operation on one animal in Dec. 1859, and on the other in Oct. 1860. He observed that the operation was frequently unsuccessful from want of care in the choice of a dog, a strong, young, and healthy animal being required; and that, moreover, it was important to operate shortly after the dog had taken a full meal. Puff-ball had been used in one case, and chloroform in the other. The operation was performed according to M. Bernard's plan, and his form of canula used. The importance of preventing the dog by means of a muzzle from biting the canula after the operation was insisted upon. It was stated that the presence of a fistula and a canula in a dog's stomach did not interfere in the least with the animal's health, and that it was fit in every respect for physiological researches. Dr. Marcet gave an account of the method he had employed for re-introducing the canula into the dog operated upon in Dec. 1859, as this canula had fallen out six months after the operation on account of the internal plate of the instrument having become unsoldered. The method was suggested by Blondelet's operation for gastric fistulæ, described in Brown-Séquard's "Journal de la Physiologie de l'Homme et des Animaux." A piece of meat was tied to the end of a string, and made to be swallowed by the dog; thus part of the string was

carried into the stomach. A blunt hook being now introduced into this organ through the fistulous opening, the string was secured, a loop of it drawn out, and the part in connexion with the piece of meat cut off, the meat and small piece of string adhering to it being allowed to digest. The two ends of the string now protruded, one through the mouth, the other through the fistula. To the oral extremity of the string the canula was fastened, and by pulling the other end the instrument was passed into the stomach through the œsophagus, and subsequently placed in the fistulous opening. Dr. Marcet took advantage of the opportunity to show the Society that a neutral fat is converted into its corresponding fatty acid partly or entirely during the process of digestion; a fact he had communicated to the Royal Society, and which had been published by them in June, 1858. One of the dogs having about an hour previously been fed with perfectly fresh butter, on collecting some of the contents of the stomach they were found to smell strongly of butyric acid.

Reviews and Notices of Books.

Bermuda: its History, Geology, Climate, Products, Agriculture, Commerce, and Government, from the earliest period to the present time; with Hints to Invalids. By THEODORE L. GODET, M.D. pp. 271. London: Smith, Elder, and Co. 1860.

OF Bermuda, Thomas Moore long since sang—

> "No, ne'er did the wave in its element steep
> An island of lovelier charms;
> It blooms in the giant embrace of the deep,
> Like Hebe in Hercules' arms."

The very thought of these "Fairy Isles," after the Arctic severity of the winter we have been suffering from, sends a glow through our frame. Cedar groves, figs, guavas, and shaddocks mingle in our minds with strawberries, grapes, Brussels sprouts, and asparagus; for Bermuda revels in a mean temperature between that of the West Indies and British North America, partaking neither of the extreme heat of the one nor of the excessive cold of the other. Its most agreeable season, Dr. Godet tells us, "is the winter or cold season, which lasts from November to March, the mean temperature being 60° Fahr." The island is not so much subject to disease as are our more northern climates. Epidemics are of unfrequent occurrence, and deaths from all causes, as shown by the statistical tables, amount to no more than 14·5 per cent. annually.

"The climate of Bermuda would prove eminently eligible for those natives of cold countries who, from general delicacy of constitution, are unable to undergo active continuous labour with exposure, or who otherwise suffer from a cold and variable climate. As far as the author's observation goes, the effect of residence in Bermuda on such persons is usually beneficial, especially on those who are predisposed to scrofula or pulmonary consumption, or who have evinced a peculiar tendency to colds and bronchial affections during the winter months. In such cases the physical energies undergo a rapid and marked change, resulting in permanent good health. I believe that immigrants of this description, by observing common prudence in their mode of living, might with perfect safety, and with every prospect of improved health, engage as farmers in the island generally."—p. 20.

Such is the belief of one who appears to us a good authority. Dr. Godet is a native of Bermuda, and has resided many years in the island. He has evidently paid considerable attention to its general and natural history, its government, topography, legislature, and revenue. As a medical man, too, some time in government employ, he has studied all that relates to the physical character and relations of the inhabitants. In these pages will be found a more comprehensive account than has hitherto appeared of the agriculture of Bermuda in general, of its staple commodities, and of the various branches of the commerce of the place. Dr. Godet maintains that the remark of a late writer, that the capabilities of this colony cannot be much further developed, is the reverse of the truth. He tells us that there are thousands of acres of the finest arable land lying in a state of barrenness. In fact, there is no reason why the colony should not be raised to a high degree of wealth by infusing into the colonists a better spirit of agricultural enterprise.

"In Bermuda the interest of the occupier in the soil is also limited and precarious; hence, as in Ireland, the general discontent of the poorer agricultural classes. Improvement is not therefore to be expected until a permanent interest in the soil is afforded to the tenant."

To any person desiring full and accurate information of this sunny and healthy clime we recommend Dr. Godet's book with much confidence.

Hooping-Cough: its Proper Treatment. By HORATIO GOODAY, M.R.C.S.; Author of "The Way to be Well, or the Divine Laws of Health;" "The Sabbath, the first Sanitary Agent," &c. Pamphlet, pp. 19. London, 1861.

WE know not whether that respectable class of the community, the undertakers, have any public journal especially devoted to their interests; but if they have, it ought certainly to characterize Mr. Horatio Gooday's shilling's worth of paper and print as an invaluable production. In fact, it would be a very sharp and remunerative piece of business for any enterprising "performer of funerals" to buy up the whole edition, and distribute it gratuitously in his neighbourhood; or, seeing that "hooping-cough comes on at all seasons, and is always prevalent somewhere, as an epidemic or otherwise," an ambitious mute—if such a being exists—might find out the "somewhere," give away Mr. Gooday's prescriptions, and soon realize a handsome fortune.

Mr. Gooday writes only for the public, so that, in the unavoidable absence of this eminent author, an anxious mother may doctor her own child *secundum Gooday*. Here is a specimen of the remedies required:—

"Hooping-cough associated with bronchitis is not so simply treated. When the patient is robust and the bronchitis acute, bleeding must be had recourse to without delay, either by leeches to the chest, cupping on the back, or the lancet, according to the age. The powder 10, or 11, is to be taken every four or six hours, and the mixture 7A two hours after each, until the inflammation be subdued. After the abstraction of blood, put a blister on the chest."—p. 15.

Referring to page 18, we find powder No. 10 to consist of "Calomel, 1 gr.; James's powder, 1 gr.;" while No. 11 is the same, but of double strength. Prescription 7A runs thus—"Tartrate of soda and potass, 2 drs.; tartarized antimony, 4 grs.; Battley's sedative, 1 dr.; distilled water, 6 oz. One or two dessertspoonfuls a dose." Now as no one word of caution is given as to the effect of these remedies, or as to the age of the child to whom they may be administered, is anything more probable than that a simple-minded mother, a busy friend, or a zealous curate (too frequently ready to play the amateur doctor), will prescribe them to the very letter? Imagine a young child, depressed by bronchitis and hooping-cough, deprived of its blood by leeches, purged by calomel and antimony, tortured with a blister, and then dosed with mixture 7A! A dessertspoon will readily hold half an ounce; so that, taking a favourable view of the matter, a prostrated and irritated infant may have given to it every four hours one-third of a grain of antimony, with five drops of Battley's liquor opii!

We have selected the foregoing, almost by chance, from nineteen pages of matter which can only be characterized as mild but mischievous rubbish. It is really lamentable to see a gentleman, and most probably a very worthy one, so bent upon making himself ridiculous as anyone must be who publishes such an essay as "Hooping-Cough, its Proper Treatment." Had Mr. Gooday been discreet, and avoided pen, ink, and paper, he might—as far as we know, for we never heard of him before—have passed amongst his friends and patients as a veritable Solomon. As it is, he must be content to be estimated by the merits of the literary and scientific performance which he has submitted to public criticism.

THE LANCET.

LONDON: SATURDAY, MARCH 2, 1861.

LAGGING nearly a quarter of a century behind the English Act, and after the passing of an Act for Scotland,—the last not very wisely constructed,—comes another attempt to pass a Bill for the Registration of Births, Deaths, and Marriages in Ireland. The present Secretary for Ireland introduces one Bill, and a former Secretary brings in another. Mr. CARDWELL's Bill, which will it is presumed receive the support of Government, we propose to analyze now; Lord NAAS's we must reserve for a future opportunity.

The first fifteen clauses are framed much in accordance with the principles of the English Act: they refer to the establishment of a register office, the appointment of a Registrar-General and assistant, officers, clerks, and servants; the salaries; the regulations for the management of offices and duties of officers; the payment of fees; the abstracts of registers; the keeping of indexes; the regulations as to searches and copies of registers; the provision for the safety of the registers; and the supply of books and forms.

The succeeding three clauses refer to the division of districts.

Four clauses order that Guardians shall provide register offices, and may borrow money for the purpose; and that the Lord Lieutenant may provide register offices should Guardians neglect the duty.

Eleven clauses relate more especially to the appointment and duties of the Superintendent-Registrars and Registrars. These contain provisions of special interest to our professional brethren in Ireland. The office of Superintendent-Registrar is to be held by the Clerk of the Union for the time, if willing to undertake it, otherwise the Guardians may elect. The subordinate office of Registrar is offered to the medical officer for the time being of each dispensary district. The Superintendents and the Registrars are alike to hold office "during the pleasure of the Registrar-General." There are not a few medical practitioners in England who occupy the position of Registrars. There can be no doubt that a medical education forms an excellent qualification for the office; and we know that very many of the Registrars elected by the Guardians in this part of the kingdom are so little able to copy correctly the descriptions of the causes of death, that their returns require some medical knowledge at the central office to decipher them. It may also be that the compensation for the duties may form an addition to the modest incomes of some of the dispensary medical officers not to be despised. Here, as generally through the Bill, care is taken that the measure shall not fail from the recalcitration or neglect of Guardians, by empowering the Lord Lieutenant to supply their omissions and to appoint Registrars.

The Superintendent-Registrars and the Registrars may, as in England, appoint their own deputies.

The Superintendent-Registrars and Registrars are to reside in their districts.

Certified copies of Registers of Births and Deaths are to be sent half-yearly to the Superintendent-Registrar. This arrangement would probably answer most purposes of classification and statistical operations. But it must obviously fail to be of any service for sanitary improvement. It is true that, since the medical officer is himself the Registrar, the knowledge of the locality and other circumstances of deaths from causes indicating defective sanitary conditions, will be at once in the possession of the person most competent to judge of what is necessary to be done. But the information should not stop there for so long a period as six months. If forwarded early to some central authority, for periodical analysis at short intervals, the registration would be far more useful as part of a system for observing and recording the health movement, and improving the sanitary condition of the community. We have little hesitation in saying that much sickness is averted and many lives saved annually in London by the plan, which has now been some years in operation here, of forwarding copies of the death-registers *every week* to the medical officers of health appointed under the Metropolis Local Management Act. By these gentlemen the information so obtained is immediately utilized for the benefit of the public health.

The appointments of Registrar-General and Assistant Registrar-General are to fall to the patronage of the Lord Lieutenant. We need not say that if it be desired to extend the greatest amount of advantage to the State, one, if not both, of these officers ought to be a medical practitioner distinguished for scientific acquirements. That medical knowledge must enter for a large and essential part in the useful administration of a Registration Act, we have ample evidence in England. It is not right that such medical knowledge should be placed in an inferior position, and made to subserve the aggrandizement of less specially accomplished officials.

Three clauses refer to fees.

Then follow clauses of immense importance to medical practitioners. By clause 37, upon the Registrar is imposed the necessary duty of obtaining information as to births and deaths. How is he to obtain this information? Greatly at the expense of the medical profession. By clause 38, the father of any child, *or*, in his default, then successively, the mother, occupier of the house in which the child was born, the nurse, *or other person present at the birth*, shall, within forty-two days, and under a penalty not exceeding 40*s.*, attend personally and give to the Registrar the necessary information. The words "or other person" will of course include the medical attendant, who may thus unexpectedly find himself called upon to pay the penalty for the neglect of others. It may well be conceived that such an obligation will operate to deprive poor women of the benefit of skilled attendance through the dangers of childbirth.

Clause 39 is a singular provision for ensuring the *incompleteness* of the register: "After the expiration of six months from "the birth of any child, it shall not be lawful for the Registrar "to register the birth!" This is a provision for vitiating the registration as a record of the aggregate births of the population. Another of the official fallacies of statistics!

The injustice and hardship inflicted upon the medical profession in the matter of births, are repeated in the case of deaths. Failing several persons, "Any person present at a "death, or having a knowledge of the circumstances attending "the same, shall, upon being required personally or by written "requisition, within fourteen days after the death, and under "a penalty not exceeding 40*s.*, give information," &c. Now it must, we think, be conceded that the State is bound to require, and every citizen is bound to give, information touching

the death of a fellow-subject. But the evidence of professional men ought not to be expected without remuneration, much less extorted under penalty. Penalties which may fairly enough be directed against the friends of the deceased, become odious and oppressive when directed against the medical attendant, who ought not to be burthened with a heavy responsibility of this kind in connexion with every case of severe sickness under his charge. This fundamental distinction should be observed; for an ordinary individual to give information is an ordinary State obligation. When such information is given by the medical attendant, a professional service is rendered. This latter the State has no more right to filch gratuitously than has any individual.

But penalty follows penalty. Clause 43 inflicts upon "*the medical person*"—the legitimate practitioner is judiciously confounded with the herb-doctor, bone-setter, and quack of every denomination—another penalty of 40*s.*, unless he shall, within eight days after a death, transmit to the Registrar a certificate of such death in the Form set forth in the Schedule. By this clause the irregular quack, who tampers with life, is invested with a quasi-official recognition by being called upon to give a Government return as a "medical person." And we cannot sufficiently admire the economy which substitutes penalty for reward as an incitement to render an important service. Truly the medical profession seem to be regarded in this Bill as villeins who are bound to render gratuitous suit and service to the Crown.

By clause 45 very proper provision is made requiring notice to be given of the finding of any new-born child or dead body.

We do not find that any provision is made for the registration of still-born children—a measure which sooner or later must, in the interest of society and for the preservation of life, be brought into operation.

The remaining clauses are chiefly technical, and do not call for any special remark in a medical journal.

We have explained the chief features of a Bill framed with a wise and necessary object, but in a spirit most unjust and offensive towards a particular profession, upon whose cordial, not compulsory, co-operation the success of the measure must depend. We trust that the objectionable clauses will be revised with the utmost jealousy by the House.

The experience of the working of the penal clauses of the Registration Act in Scotland, where the most determined and indignant opposition of the medical profession has been aroused, might surely warn our legislators against the folly of extending a system of injustice and class oppression. The folly of the system is conspicuous when we call to mind that all but a minute per-centage of the deaths in England are *voluntarily* certified by medical practitioners. Will the advocates of these penal clauses volunteer to make public the evidence which proves to them the necessity for their enactment?

A COPY of the *Malta Times* of January 31st, and some lengthy private correspondence, just received by us, refer with much animadversion and regret to the recent Court-Martial held upon the late surgeon of Her Majesty's "crack frigate," *Melpomene*. Our sources of information, so far as they go, tend most indubitably to prove that the general impression prevalent amongst the executive officers of the Fleet is, that it was a piece of official bungling; that the charges brought against the medical officer, being of the gravest nature, should never have been advanced without far more reflection and *primâ facie* evidence of a satisfactory character than it was manifest had been forthcoming. Not only, therefore, was the trial unjust to the surgeon, but the institution of proceedings of *such a nature* was, as the *Malta Times* very properly points out, "inimical to the interests of the service, and subversive of that "good discipline and feeling which ought to exist between "officers and men." The trial took place, writes one of our correspondents, "and it was not very long before a serious com-"plexity arose, in the shape of a house divided against itself. "While the members of the Court were listening to the evidence "with the gravest decorum and dignity, the executive officers of "the Fleet were freely commenting upon the affair, declaring "it ridiculous that proceedings of the nature of a court-martial "should ever have been instituted, and that the charges were "vexatious and frivolous, if not actually malicious." But what has been the result, nevertheless, to the officer? Why, Dr. MONTEITH, who has seen eighteen years' service, who bears an excellent character in every respect, has been dismissed his ship with a severe reprimand! Notwithstanding the strongest evidence, of a positive kind, that the surgeon was "humane, zealous, and solicitous for the welfare of his patients," upon the parts of marines and sailors, sick baymen, sick attendants, assistant-surgeons, and executive officers—spite of Captain EWART himself declaring that "he never desired to possess a more zealous and attentive officer;" and notwithstanding that the first lieutenant stated before the Court, that "he considered the charges frivolous and vexatious," the surgeon of the *Melpomene* was disgracefully dismissed! In such a terrible predicament does an unfortunate surgeon in the navy stand, when he is being tried by five post-captains and an admiral! What can be the nature of the case? ask our readers. The following are its chief features:—

Some few months back the surgeon of the *Melpomene* was desirous of removing the "sick bay" from the lower deck (where, as everybody knows, the air is close and very unwholesome) to the main-deck. This hygienic arrangement was opposed by the captain, but who had at length to give way upon the point at issue. That umbrage was taken at this, it would, perhaps, be ungenerous to say. Another difference was not very long in following. This arose in reference to invaliding a marine, who had enjoyed a very agreeable life, by entering Her Majesty's service for short periods, in different capacities, and then leaving such service at any period convenient to himself. This he effected by becoming subject to that very common complaint, epilepsy—a disease which is not only prevalent amongst, but is regarded as a boon by, the indolent and designing malingerers in our army and navy. Now the surgeon of the *Melpomene* and his assistants had many misgivings as to the nature of the fits the patient was subject to. The former refused to invalid the marine until the medical officers of the ship had thoroughly satisfied themselves upon the points on which they had their doubts. Here, again, the captain and the doctor were once more at issue. Now "a change comes o'er the spirit of the dream." Complaints are made by certain persons, at dates varying from two to four months after their alleged ill-treatment, that they had been removed from the sick-list before they were fitted for duty, and otherwise ill-treated. The alleged complaints having been lodged, and examined (?) by the captain, the latter found himself far too

weak and insignificant to take upon himself the responsibility of deciding upon the matter, which, however, in the opinion of all other naval men, might have been at once easily and summarily disposed of. The captain accordingly referred the complaints to the Admiral commanding in chief in the Mediterranean. Dr. MONTEITH was ordered to be tried, therefore, by Court-Martial, upon the charges brought,—namely, "Negligence and inhumanity in the performance of his duties." But ere this stage was reached, there is reason to believe that the moving power had some misgivings about the steps which had been taken and in what the affair would ultimately terminate. The Court-Martial took place. To quote the *Malta Times*:—

"The main charges against the surgeon were, that he was guilty of negligence in removing men from the sick-list before they were fitted for duty. He attempted to prove (generally) that the cases were the result of debauch, directly or indirectly; that they were of a nature not to be benefited by protracted treatment and continuance upon the sick-list; and that a partial and gradual return to their duties was alike beneficial to them physically and mentally, while they could at the same time discharge such light duties as must be executed on board, and which would otherwise devolve upon the patients' messmates."

Now, when the sick or convalescent sailor was discharged by the surgeon as fit for "partial duty," it certainly was the business of some one to determine what the nature of that "partial duty" was, and to see that the man was confined to it. To suppose that the surgeon could have been intimately acquainted with all the minutiæ of every class of seaman's duty would be absurd; nevertheless, he no doubt ought to have indicated in *general terms* the kind of duty, and the executive officers should have directed that to that kind of duty the man should be confined. Had this been the case, there could not have been the least chance of a man who had lately suffered a dislocation being sent aloft. So, again, if the sailor was ordered to fulfil some office for which he declared himself unfit, it ought to have been reported to the executive, and means taken that the surgeon should see him, and point out what duties he could or could not execute. Nothing of the kind, however, seems to have been done; but

"Petty officers and gunners' mates executed apparently the double functions of executive and medical officers. All that the evidence tended to prove was, that a lamentable amount of mismanagement existed in the ship; that there was a want of consideration for the surgeon in the execution of his duties, and a deficiency of that personal investigation upon the part of the captain which are essential to a satisfactory maintenance of discipline.....There was no evidence of a conclusive character to support the charge of harshness on the part of the surgeon; while, on the contrary, there was a considerable amount of positive evidence to prove that this officer was solicitous for the welfare of his patients. We look upon the institution of Court-Martial proceedings at all, in a case of this kind, as tending to bring undeserved discredit upon a worthy and zealous body of professional men, and to foment a spirit of discontent and frivolous complaint on the part of the sailors quite inconsistent with that manliness and hardihood which ought to exist in H.M.'s seamen. At the same time we may add, that the very severe verdict which has been recorded tends to make a medical officer shrink from the independent and conscientious discharge of his duties, with that due regard to the double principle which ought to regulate him—viz., the treatment and cure of his patients, and the maintenance of as many effective men as practicable."

It may be said, that the transfer of men from the sick-list to "partial duty," whether the nature of the latter has been generally defined or not, must necessarily be liable to such abuses and mistakes upon large vessels of war as to render the practice most objectionable. But even be it so, it must be admitted that there was not a single post-captain sitting upon this Court-Martial who did not know that the sending men to "partial duty" was the ordinary recognised routine of the service, though, perhaps, there happen not to be any printed regulations upon the subject. It must be remembered, too, that the "partial-duty" men generally did not present themselves again to the surgeon for re-admission into the sick bay; that most of the witnesses made their complaints at dates varying from two to four months after their alleged ill-treatment; and that not any application for re-admission into the sick bay nor any complaint was made during this time to either medical or executive officers. Further, such was the discipline of the ship, and so full and appreciative the support given by the executive to the medical officers on board the *Melpomene*, that, we are informed, one of the complainants, at a date long subsequent to the events we are discussing, applied for admission upon the sick-list, saying: "I'll report you, if you don't take me on; you'd better mind what you are about!" This in itself is sufficient to show how little sympathy and countenance naval surgeons receive from the executive officers above them. This and the unmerited severity of the sentence upon a medical officer of eighteen years' standing, must be deplored by the whole profession as well as by the surgeons of H.M.'s navy. By the latter, however, they will be most acutely felt; and we can quite understand how chary they will be of provoking their taskmasters. This Court-Martial has taught them the lesson of how scanty can be the justice afforded by an Honourable Court of Naval Officers where the social and professional interests of the medical profession are at stake. In all cases involving the professional conduct of a medical officer, the Court should not consist exclusively of naval officers. If none but sailors can thoroughly appreciate the conduct of sailors, so none but medical officers can properly estimate or bring out the true bearings of a charge of medical misconduct. A naval surgeon ought to be a member of the Court to try such cases. But in the particular case of Dr. MONTEITH, justice, and the interest of the service, would have been better consulted had the matter been referred, in the first instance, to the Medical Director-General.

THE Bill brought in by Sir G. C. LEWIS to appropriate the seats in Parliament forfeited by Sudbury and St. Albans to new constituencies altogether overlooks the just and recognised claims of the medical profession to representation. The discussion, however, elicited many cordial expressions of opinion that a member ought to be given to the Scotch Universities. In this opinion we entirely concur. In such a constituency the voice of the medical profession would be clearly and influentially heard. It may be urged on behalf of the Scotch Universities that the variety of professions, of creeds, and of systems of education which they represent constitutes a better approach to a popular constituency than the old Universities of Oxford and Cambridge. It is not right that in a country the foremost principle of which is civil and religious liberty University representation should be limited to Universities devoted to the followers of

one predominant creed. The Scotch Universities would form an admirable constituency through which free education, professional interests, and those liberal arts and sciences upon which the material and social progress of nations depends, would find a new and powerful expression in the House of Commons.

In this discussion not a word was uttered in favour of the claims of the University of London—claims at different times acknowledged by all parties in the House! How comes this? What does this silence mean?

WE beg again to remind our readers that a lady, bearing the name of JENNER, is a candidate for admission into the Medical Benevolent College. By her unblemished character and by her misfortunes, Mrs. JENNER has, indeed, ample claims upon the support of the Governors. But her claims appeal not only to the sympathies of the Governors; they concern the honour of the entire profession. No one bearing the name of, and even remotely connected with, the most illustrious physician of modern times, should be suffered to remain in want. If elected, as we feel that Mrs. JENNER will be, a lasting honour will be acquired for the College. The association will ever constitute one of the most grateful memorials of the institution.

Medical Annotations.

"Ne quid nimis."

ARMY MEDICAL SERVICE.

IT is a frequent boast of medicine, that it knows no distinctions of birth, of country, or of caste. The world of science is a republic; it should be free to the finest intellects, to the most ardent labours, to the highest capacities, and to the most humble servants that aspire to devote themselves to its cultivation or to its application to the benefit of mankind. At the last International Congress in London, at which the Sanitary Department of Medicine was worthily represented by delegates from all countries, when a physician presented himself whose colour and countenance were indicative of African birth, his presence was hailed with a warm and general welcome, of which Lord Brougham constituted himself the generous exponent. In his person was recognised the universal right of all men, of whatever colour or caste, to exercise the highest functions of which they are naturally capable, and their equal right to all the privileges which appertain to the capacity of fulfilling those duties. A feeling of painful surprise has been naturally felt at a recent statement in the House of Commons, from which it appears that a native of India, a British subject, has been excluded from competition with other British subjects for a medical commission in her Majesty's service, on the ground solely of his having been born in India of native parentage. Dr. R. Thompson, the gentleman so denied, is a graduate of medicine at St. Andrews, and holds a diploma as surgeon. He aspired to enter the Queen's service in the Medical Department of the Army, but was denied the privilege of even appearing before the examiners, on the ground of his native parentage. He possessed medical certificates of his physical capacity and of his professional acquirements; he was prepared to submit himself to whatever tests are imposed upon other candidates; but he was absolutely and unconditionally barred and rejected on the ground stated. No doubt the Director-General of the Army Medical Department took this course reluctantly, and in accordance with the superior directions of the Minister of War; but it is an oppressive, an unjust, and an unconstitutional proceeding. The reasons assigned are superficial and hardly even plausible. It is contended that, as an Indian of native parentage, he would probably not be able to endure the rigours of a cold latitude if the exigencies of service lead him thither. This is a question of personal risk. If Dr. Thompson, being a man of sound health and good physical capacity, showed himself willing to encounter this doubtful danger in the service of the Queen, it was absurd to hold that his birth disqualified him for service. We have seen lately Indian regiments serving with gallantry in the trying climate of China, where the extremes of cold and heat severely alternate. It is idle to assert that a man who has borne without inconvenience the extreme cold of the present winter in England could not be admitted as a surgeon without danger to the efficiency of the Queen's service because he might one day be called upon to serve in Canada. A weaker reason was never assigned for a more oppressive act. There are circumstances of peculiar hardship connected with the case of Dr. Thompson, because the Indian Medical Service, for which he in the first instance aspired to qualify himself, has but recently been amalgamated with the Line, and the contingency on which the refusal was based has only arisen since that union. A stronger reason for disqualification might well have been waived in consideration of this peculiar circumstance, and we can hardly believe that an injustice and hardship so severe will be permanently inflicted upon any British subject. We hope to hear that Dr. Thompson has been admitted to the privilege to which he is entitled.

POISONING BY MISADVENTURE.

THAT grave accident, poisoning by mistake as to the contents of medicine bottles, has again been recorded during the last week, and again it has ended in death. The error arose here, as it commonly does arise, from the similarity of the bottles in which a liniment and a draught had been dispensed. The unfortunate victim of his own error, and of the persevering neglect of a simple precaution in dispensing, which, if not voluntarily adopted, must ere long be legally enforced, was a man aged twenty-eight, who kept a boarding-house in Manchester. At the inquest it appeared that at about six o'clock in the morning, after calling up the servant, he awoke his wife, and told her that he had taken a liniment (containing poison) instead of a black draught, both, together with a mixture, being in bottles in the bedroom window. Mr. Royle, surgeon, who had been immediately sent for, gave him an emetic, but this producing no effect the stomach-pump was applied. Mr. Heathcote, surgeon, also arrived, but the unfortunate man was seized with convulsions, and died about nine o'clock the same morning. The bottle containing the liniment was properly labeled. The jury returned a verdict that the deceased had poisoned himself through misadventure. The case adds another to the long list of victims to errors in dispensing and in taking medicines due to the similarity of the vessels in which poisonous and non-poisonous medicines are stored and dispensed by the majority of druggists. It may assist in carrying timely conviction to the minds of some of those dispensing chemists who, in a recent discussion at the Pharmaceutical Society, listened with quiet acquiescence to the statement that poisoning by misadventure was a myth and a bugbear, and arrived generally at the conclusion that other precautions than careful labeling were unnecessary.

This is one of some score of cases in which the bottle has been duly labeled and the medicine properly prepared, but in which the patient has inadvertently swallowed a poisonous in the place of an innocuous draught, and the inadvertence has been punished by death. It was by a precisely similar accident that the death of the Hon. Mrs. Anson occurred, which produced so great a sensation. But a few weeks since we recorded the serious illness of a patient at Hoxton in whom the

same error was discovered in time to avert a fatal termination, and now we have to add a fresh instance. Mr. Squire, indeed, asserted at the Pharmaceutical Society that people who did not properly examine the label of their medicine bottle deserved to be poisoned. Putting aside this rash dictum, which probably not even its author would be disposed to defend, we deduce from the recurrence of these lamentable accidents amongst persons of intelligence, of capacity, and of station, accustomed to adopt all ordinary precautions, but nevertheless too often guilty of fatal inadvertence in this matter, a striking proof of the necessity for the adoption of such an additional safeguard against accident as has been suggested in the employment of contracted necks for what are called safety medicine bottles. Had the liniment so swallowed in either of these cases been furnished to the patient in a quadrangular fluted bottle with contracted neck, properly labeled, these errors could not have occurred—these lives must have been saved. The logic of facts so stern, in some aspects so awful, cannot long be resisted. This mechanical precaution, or an equivalent one, must necessarily be adopted spontaneously by all conscientious vendors of medicine; its neglect cannot be regarded with indifference by the public, or passed over by the Legislature.

PROHIBITED FOOD.

IT is gratifying to see the proofs of the useful influence of recent prosecutions for the introduction of diseased animal food into London. More than two tons of meat unfit for human food were seized last week in the markets. In every case the salesmen gave notice to the inspectors that the meat had been sent for sale. Prosecutions instituted during the week for exposing for sale the carcases of diseased and rotten sheep have in two instances been successful, and the salesmen have been fined. Very soon we shall cease to hear of such prosecutions, for the salesmen, when careless of higher motives, will dread the shame and exposure attendant on conviction; and they will not neglect voluntarily to inform the inspectors when such meat is consigned to them for sale. This, however, still stops short of what should be done. There are greater offenders than the salesmen of diseased meat, and these are the consigners. With them the offence is wilful, and with some of them habitual. The ends of justice will not be fully accomplished unless the names and addresses of the consigners are furnished in every instance, and means are found to punish their offence and thus prevent its recurrence. Finally, it is needful that the arrangements for destroying the diseased meat, when seized, be perfected; for there is still great reason to fear that some part of it finds its way back, in some form or other, into the markets, and is consumed as human food.

HOMŒOPATHY IN THE GUERNSEY MILITIA.

THE redoubtable chief of the Government at Guernsey, although not to be moved by the representations of his medical staff or the clamours of the press, has yielded a tardy and undignified concession to the remonstrances which he derided. He had gone far towards the disorganization of the Medical Department of the Militia over which he presided. He had driven to resignation the staff and regimental surgeons of his Militia, and had seen himself under the necessity of accepting those of the three senior and most respected officers of the Service, Drs. Hoskins, De Lisle, and Mansell, "by desire of the Home-Secretary;" while he compelled the remaining medical officers to do duty "under protest." He had found it necessary to suppress altogether, by a general order of the 15th Feb., the medical staff, reduced as it was to the sole *personel* of Dr. Ozanne. After so many sacrifices, General Slade finds that he has laboured, blustered, and endured in vain. By the last general order, Dr. Ozanne is removed from his equivocal position by being "attached to head-quarters," so that his name will be erased from the muster-roll of the Militia. Thus General Slade has beaten a retreat, but it is unskilfully covered. The lasting offence and the permanent slight shown to the Medical Service in sacrificing their chiefs and disregarding their earnest remonstrances, until the unity and efficiency of the whole Medical Department were dangerously compromised, are but ill-repaired by a proceeding which only partially removes the cause of offence, and in no way redresses the wrong which has already been done.

THE APPOINTMENT OF PHYSICIAN TO THE QUEEN.

IT is a matter of national concern, that the attendant upon the Queen should not be attached to a Fever Hospital. The risk, however small, of carrying infection into the household of the Sovereign, ought on no account to be incurred. It cannot be doubted that Dr. Jenner will resign his appointment at the Fever Hospital.

Correspondence.

"Audi alteram partem."

MODERN LITHOTRITY: DR. CIVIALE'S CLINICAL EXPERIENCE.

To the Editor of THE LANCET.

SIR,—I have just received a letter from my friend and former instructor, Dr. Civiale, of Paris, in which he requests me to translate and send to you for publication the result of his practice in operating for stone in the bladder during the past year (1860). Dr. Civiale's reputation as the inventor and perfector of modern lithotrity is so well known, that I lose no time in sending you this interesting document.

It may be in the memory of some of your readers that at the Medical Society of London, and in THE LANCET of Jan. 21st, 1860, I called attention to the following proposition, as one which appeared to me to be of the very highest importance:—That stone in the bladder may, by the exercise of fair intelligence and skill, be deprived of nearly all its severity and danger to life; since it may, in the great majority of cases, be detected in its early stage and when of small size; and because its destruction in that stage may be accomplished with safety and certainty by lithotrity.

I cannot forbear appealing to the following letter as a remarkable illustration of that great and pregnant truth.

The facts of this letter suggest several subjects for critical remark to the English surgeon, which I shall not touch upon here. Taken altogether, I think that English experience amongst those who practise lithotrity, will not much suffer by comparison with the excellent results of the great master's work.

The following is a literal translation of the article which Dr. Civiale has just published in the *Gazette des Sciences*, &c., and which he has sent me for the purpose named.

I am, Sir, your obedient servant,

Wimpole-street, Feb. 23rd, 1861. HENRY THOMPSON, F.R.C.S.

RECORD OF CIVIALE'S CLINICAL EXPERIENCE IN THE TREATMENT OF STONE DURING THE YEAR 1860.

I treated, in 1860, 54 patients affected with stone in the bladder: 36 in my private practice, and 18 in the hospital.

A. *Private patients.* — Twenty-six of these patients had stone for the first time; 10 had been already operated on by other surgeons or by myself; the stone having re-appeared, fresh operations were necessary.

I operated on 26 of these patients by lithotrity: 24 are cured; in 2 others I was obliged to relinquish the operation, which appeared to aggravate the morbid condition of the bladder. One of these patients has died; the other still lives, and the stone remains in the bladder.

All those calculous patients who were most favourably circumstanced, whose organs were still sound and in good health, and who had no other disease than a small stone, obtained a rapid and easy cure. For this class of patients the application

of lithotrity appears to me to have reached great perfection: in fact, the stone is destroyed in a few minutes, and its *débris* are expelled with the urine; all suffering ceases, and the health is re-established and maintained. Surely this is all one can desire in the treatment of calculus.

But lithotrity gives such good results only when its application is restricted to favourable cases, in which the stone has not had time to grow large, and to produce in the bladder lesions capable of altering the form and natural conditions of that organ. I hasten to add, however, that the proportion of favourable cases augments every day, and that they will become more and more numerous in proportion as calculous patients, informed as to their condition by their medical attendants, submit themselves to operation at the outset of the malady.

Ten of those I treated had not displayed this prudence; they only sought the aid of art when their existence had become insupportable on account of incessant pain.

In two of them the diseased condition of the urinary organs offered an obstacle to the application of lithotrity, and as lithotomy was equally contra-indicated, death occurred from the progress of the complaint.

Four, having large stones, were operated on by lithotomy: one adult obtained a rapid and complete cure, the wound having cicatrised by the tenth day; in another adult the convalescence was tedious, and the cure incomplete. Two old men died in the second week after the operation.

Two patients are still under treatment: one will be operated on by lithotrity, the other by lithotomy.

In two others, who became ill at Paris when the winter set in and returned home, the treatment has been postponed until the spring.

B. *Hospital patients.*—Amongst the 18 calculous patients admitted under my care, there were 3 women and 15 men, all adults, some old people.

The first of these women, who had suffered during a long period of time, was so bad that any operation was contra-indicated; and the patient returned to her family.

The second was in favourable condition as regards her general health, but the calculus was engaged in the urethra, where it was maintained by violent contraction of the bladder. A division of the canal sufficed to accomplish the extraction. This proceeding appeared to me, in these circumstances, to be preferable to that of crushing, which would have been very tedious and painful. The patient was rapidly cured.

The third woman, an account of whom I have published, presented one of those extraordinary cases which one meets with at distant intervals. The stone, a phosphatic one, was formed upon a mass of teeth, of little bones, and of hair, arising from a hair-cyst which had opened into the bladder. All these bodies and the stone itself were successfully extracted by lithotrity.

Four of the male patients were not in the condition which the application of lithotrity demands. Two were cut; one was cured, but the other has still a fistula. The third refused to submit to the knife, which indeed offered small chance of success: he died of renal disease. The fourth is under treatment.

Another male patient was the subject, at the same time, of a stone of middle size and of strangulated hernia, requiring immediate operation, from which he died.

The 10 remaining patients submitted to lithotrity were freed from the stone, but the cure in all was not complete. Amongst them, 2 retained some pain and disturbance in the functions of the bladder, arising from organic lesions of that viscus, and against which lithotrity avails no more than lithotomy.

The recent cases observed at the Hospital Necker present a fact worthy of notice.

Calculous patients form two great classes. In one, which embraces two-thirds of the cases, the organs retain their natural condition. Indeed it is only occasionally, and especially after bodily exercise, that the stone provokes some functional disorders, which cease by repose. Here the stone forming of itself the whole malady, it suffices to destroy or extract it by surgical operation for the patient to obtain a complete and speedy cure.

In the other class, the phosphate of lime, or the ammoniaco-magnesian phosphatic calculi form and are developed under the influence of a morbid condition of the urinary apparatus. It is not uncommon for this state to persist after operation, to deprive the patient of the complete benefit of treatment, and even to favour the development of a new stone. These cases predominate in the foregoing account.

To resume. Of 54 calculous patients, of which I have just presented a table, 37 have been treated by lithotrity. In 2 cases I was obliged to relinquish the treatment; 1 died; another retains his stone; 2 of them have not obtained a complete cure, because the stone has not formed the sole malady, but they are greatly relieved. The rest are cured.

7 were submitted to lithotomy, which saved 4 of them; but in 2 of these the cure is incomplete.

10 have not been submitted to any operation; 3 have died from the progress of the malady, and 1 after the operation for hernia; 1 continues to live with his stone. 3 are under treatment, and will be submitted, 1 to lithotrity, and 2 to lithotomy. In 2 cases the operations are postponed.

These facts prove anew the danger of long retaining the stone, and the utility of lithotrity when we apply it at an early period of the complaint.

THE TURKISH BATH.

To the Editor of THE LANCET.

SIR,—I always hail with gratification the appearance of any remedy which promises to be an efficient addition to the too limited means which we possess of alleviating the many "ills which flesh is heir to." At the same time, it appears to me to be the duty of every medical practitioner to scrutinize and investigate to the extent of his ability and opportunities the various remedial agents that are every now and then brought before the public, in order that he, as one of the guardians of the public health, may protect the community from the baneful influence of too great credulity, and at the same time preserve to his profession the reputation of disinterestedness and progression.

Prominently before the public and the profession at the present time is the question of the efficacy of the Turkish bath in the treatment of various forms of disease. Now here is a remedy which is open to anyone to prove; a remedy about which there can be no secrecy, and the efficacy of which can and ought to be proved or disproved by direct experiments.

If this remedy be allowed to go to swell the stock-in-trade of quacks and adventurers, it will be the fault of the members of our own profession, who it must be confessed are very loth to seek for any remedy beyond the limits of their own surgeries.

My attention was called some years ago to the use of the Turkish bath in this country, and from the first I felt a strong impression that, judiciously and cautiously applied, it would prove a valuable aid in the treatment of many forms of disease. I was then practising at Rickmansworth, in Hertfordshire, when a gentleman distinguished alike for his original genius and his eccentricities took up his abode in my immediate neighbourhood. I allude to Mr. David Urquhart. On further acquaintance I soon discovered that he was an enthusiast in his views of the use of the Turkish bath, as indeed he was about everything oriental. He lost no time, and spared no expense, in fixing up a Turkish bath at his own residence, and freely admitted anyone to use it who felt so disposed. Mr. Urquhart and his family daily used the bath; and not only this, they adopted also the Eastern style of clothing, and even the youngest members of his family, then infants, passed through a severe winter clad in only one garment, and that a thin tunic. From Mr. Urquhart I learnt a great deal of the use and effects of the Turkish bath; and of one thing I soon became convinced—that exposure to great and sudden variations of temperature, under certain circumstances, had nothing of that injurious influence which popular opinion attributed to it. I must also confess that Mr. Urquhart failed to convince me that in the Turkish bath he had discovered the remedy for all human ailments. From what I saw then, and from what I have since learnt of the application of this bath, I am convinced that it is a valuable remedy, but requiring careful limitation; and that it will prove exceedingly injurious if used indiscriminately and without professional guidance.

With your permission I will proceed to indicate a few points towards which I think our investigations should be especially directed, in order to discover the proper use and the influence of this remedial agent.

In the first place, have we sufficiently considered the different effect this bath is likely to exert over the Turk and the Englishman, having especial reference to their respective temperaments, habits of life, and the climate in which they live? Can the active, fox-hunting, cricketing, boating Englishman bear the same kind of treatment that benefits and gratifies the indolent, languid, luxurious Turk? Or may not even our own countrymen, when in the East, and subject to the same influ-

ences as the Orientals themselves, adopt their customs with a very different effect to what they would have if carried out in this country?

Again, it is well known that an immense drain takes place from the skin of persons who are placed in these hot-air baths. I have heard many speak of the perspiration flowing from their skins in streams, and of pints of fluid collecting about their feet. Now, it appears to me to be an interesting question to determine to what extent this excessive drain from the skin can go on, and be consistent with health, or without being positively injurious. If in health, be daily thrown off by the skin, say 100 grains of azotized, saline, and other matters, what must be the consequence if, under the influence of the baths, 200 or 300 grains are so eliminated? Is it right to rob the blood in this wholesale way of its saline and other constituents? May it not have a similarly depressing effect to excessive purging, or excessive diuresis, or even bloodletting? Or may not the kidney secretion become so concentrated from the great determination of fluid to the surface as to give rise to injurious irritation of the urinary apparatus? I have myself been a witness of the depressing effect that the Turkish bath has exercised on some vigorous constitutions. A young clergyman, a friend of mine, submitted himself to the hot-air bath. He was stout and of great physical power, though of rather lax fibre, and was in good health at the time. He said the perspiration ran down his legs in streams. He was made very uncomfortable about the head, faint and languid for an entire day—in fact, to use his own expression, he was completely "knocked down."

Another question arises as to how far we can stimulate the glandular apparatus of the skin without permanently damaging or enfeebling its function. Closely connected with the foregoing is the question, How often ought the baths to be repeated, and at what intervals? These are important points which require to be settled before the profession can with confidence recommend the use of the Turkish bath to their patients.

Then as to the diseased states of the system in which it is likely to be useful. One can easily understand its efficacy in those dry cutaneous diseases where the sudoriferous and the other cuticular glands are impaired in their function or their ducts obstructed. In rheumatic fever, where the profuse acid sweats indicate an effort of the system to throw off the morbid matters in the blood by the skin, by placing a patient thus affected in an atmosphere of hot air the skin would be stimulated to pour out this morbid product very rapidly; the blood would thus be relieved of its presence speedily, and probably those serious cardiac affections which so commonly follow severe attacks of rheumatic fever, and which doubtless depend upon the action of the morbid blood upon the valvular apparatus of the heart, would be to a certain extent prevented. I can also readily understand that benefit is likely to arise from its occasional use in all internal congestion, in morbus Brightii, in diabetes, &c.; but I have reason to know that in persons suffering from chronic forms of disease with debilitated constitutions, its indiscriminate and frequent use is productive of baneful effects. It is in such cases particularly that the influence of the bath should be carefully watched by the medical attendant.

I believe, further, that locality has a great deal to do with modifying the effect of the Turkish bath. In a locality such as I have before mentioned—i. e., Rickmansworth, a notoriously low and damp situation, where rheumatism, typhoid, intermittent, and other forms of zymotic disease abound, and where, from the condition of the surrounding atmosphere, cutaneous transpiration is greatly impeded,—there the effect of the bath, as might be expected, was very salutary, and doubtless it would be so in all similar localities; but I greatly doubt if such would be the case in a dryer atmosphere, where the functions of the skin were not interfered with.

Again, as to the temperature to which the hot-air bath should be raised. Now, although we have abundant evidence that very high degrees of temperature can be borne by some persons with impunity,—and indeed the gentleman I have already alluded to I know used commonly to submit his infant child, not six months old, to a temperature of 140°,—yet I am persuaded that it would be exceedingly rash to conclude from such statements that persons generally can bear exposure to so great heat for any length of time without the risk of dangerous consequences, especially so in persons disposed to cerebral excitement. I am told that glass drawers, who are in their occupation exposed to very high temperatures, have to use the greatest caution in order to preserve their health, and that they are obliged to lie in blankets for hours after their work is done before they dare venture to expose themselves to the external a

I would further ask, Do we sufficiently consider the effect of the shock from the hot air to the cold douch upon delicate and sensitive persons, as most invalids are? and those are the very persons who will avail themselves of the bath.

I think the practical conclusion from all this is, that until the Turkish bath has been submitted to a more careful and unbiassed examination than it has hitherto received,—until it has been fairly tried in some of our large hospitals, and reported upon by the medical officers, and until all the facts bearing upon the question have been collected and analyzed,—we shall do well to be very cautious in recommending its application in any form of disease. We should inform our patients, who are certain to press us on this point, that the question is still *sub judice*, and that without repeated and disinterested experiments its merits cannot be ascertained. Why persons in good health should desire to use the Turkish bath in this country, I cannot understand. I believe cold water and a rough towel are far more healthful applications, because far more natural.

Your obedient servant,

Tulse-hill, Brixton, Feb. 1861. THOS. W. GARLIKE, F.R.C.S.

POOR-LAW MEDICAL REFORM ASSOCIATION.

(LETTER FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—Again I must crave your indulgence for space to inform the Poor-law medical officers that a Select Committee of the House of Commons has been appointed to inquire into the "Operation of the Laws relating to the Poor, &c." (See *Times*, Feb. 23rd, p. 8.) I therefore trust that all who can give evidence on the present iniquitous system of the medical relief of the poor will not fail to tender the same, and do their utmost to improve the laws which now inflict much cruelty on the poor and are so grindingly oppressive to the medical profession. I have addressed a letter to the Chairman of the Select Committee on Poor-law Administration, House of Commons, requesting to know when I may attend to give evidence. If my medical brethren will do likewise, I have little doubt they will receive all necessary information; but no time should be lost.

On the 1st of this month Mr. Serjeant Pigott wrote to me in respect of our proposed Bill as follows: "Mr. Villiers' Committee is just the opening you require, and the evidence of all the matters related in your preamble would be received by that Committee; after their report the field for legislation will be well prepared." I regret I cannot guarantee the expenses of those gentlemen who may come to town, as some of my friends have of late grown rather penurious, and the funds will not permit it; but I believe the Select Committee will pay a *something*.

I have this day received a letter from Dr. Bisset Hawkins, kindly enclosing a cheque for £5 "towards defraying the expenses of the proposed application to Parliament." And I have also received within the last two months about 70 subscriptions from Poor-law medical officers; I wish I could say 700 instead of 70, for then I should be in a position to print a large mass of evidence and send it to each member of the House of Commons, and thus have ensured a thorough knowledge of our grievances.—I am, Sir, your obedient servant,

12, Royal-terrace, Weymouth, Feb. 26th, 1861. RICHARD GRIFFIN.

THE JUNIOR MEDICAL SOCIETY OF LONDON.

To the Editor of THE LANCET.

SIR,—It is with great satisfaction that I find myself in a position to say that the labours which I commenced on the 25th of last month have been crowned with success.

On the 23rd instant the first meeting of the council of the Junior Medical Society of London took place. That council was composed entirely of delegates from the different Medical Students' Societies.

I should not omit to mention that the establishment of the Society is in a great measure due to Dr. Alfred Meadows, of King's College, to whom I first mentioned my views; had it not been for the kind encouragement I received from him, and the assistance he afforded me, the project would in all probability have fallen to the ground. My acknowledgments are owing also to Mr. Ernest Hart (to whom is due the merit of originating a similar scheme some years back) for much valuable assistance. Nor must I conclude without expressing my thanks for the powerful support which has been given to the undertaking by THE LANCET.

I am, Sir, your obedient servant,

Feb. 1861. ALEXANDER SQUIRE, Hon. Sec. *pro tem.*

DR. THOMPSON AND THE WAR-OFFICE.

To the Editor of THE LANCET.

SIR,—Whilst numerous contests are in progress in behalf of national and individual freedom in different parts of the world,—whilst the press is jubilant over successes in Italy, and hopeful as regards the result of the great schism in America,—whilst Parliament and society are anxiously looking for a legal excuse for saving the slave Anderson from the stake prepared for him in Missouri, we, in this virtuous country, "the ancient home of freedom," as the illustrious Victor Emmanuel has recently denominated our native land, have just perpetrated an injustice, and approved it too, by the mouth of our Under-Secretary at War, which is calculated to excite the just ridicule of the slave-dealer, and make the emancipated serfs of the CZAR rejoice that they are Russians.

A gentleman, born in British India, under the ægis of the crown of our noble Queen, has recently applied at the Army Medical Department to be admitted to compete for an appointment in the army of this country. He is refused, not for any technical reason, but deliberately, because he has Eastern blood in his veins, which is supposed to render him incapable, from physical causes, of serving his sovereign in any part of the world to which he might be appointed. This is the reason given in the House of Commons by a Minister, whose duty it now is to tranship from the north of China, where the cold is said to exceed by many degrees that of Canada, the Affghan soldiers who have been fighting battles for English interests.

It is conceded that there may be circumstances in this individual case which, upon consideration, admit of a relaxation of the rules which guide our authorities in such matters. So, Sir, we have a slave law in this, our "home of freedom"! We pretend to despise the Yankee who will not ride in an omnibus with a blackee, and with high-flown sentiments of freedom, we refuse to mate with our fellow-subjects of India. I would, Sir, that you had been in Parliament when the degrading reply of Mr. Baring was made to Colonel Sykes in this matter. I can well imagine the withering scorn with which you would have exposed the wretched excuse that was given for this stab at our honour as a nation. Not physically capable of undertaking duties in any part of the world! Is the Suffolk ploughboy told when he accepts the shilling, that he will be required for temperate climates only; that the extremes of India and Canada will not suit his constitution, and that, therefore, he cannot be accepted as a soldier? In the hour of our great need, in the arid plains of Hindostan, was it not the hardy Sikh from the northern hills who bore the heat, as well as the burthen, of the day.

I write from no knowledge of Dr. Thompson, or his personal claims to serve his Queen, but because the reason given for excluding him from the competition is so miserably snobbish, so unbecoming an English gentleman, so degrading to an English Minister. The personal injustice will, no doubt, be remedied, but the public blot upon our fair fame should inflame the heart of every Englishman, until it be atoned for and expunged.

I am, Sir, yours obediently,

February, 1861. T. W. C.

"A NEW ANÆSTHETIC."

To the Editor of THE LANCET.

SIR,—Believing that I have discovered a valuable anæsthetic and anodyne in an article of our Pharmacopœia already appreciated and extensively used as a stimulant, diuretic, anthelmintic, &c.—viz., the ol. terebinthinæ rect., I trust you will deem the few observations I shall here make in introducing the subject to the notice of the profession worthy of insertion in your extensively circulating periodical.

The first case in which I tried its effect was that of Mrs. H——, matron on board the emigrant ship *Indiana*, of which I was then surgeon-superintendent. About twelve months ago, having exhausted my little stock of chloroform, and the patient suffering from violent neuralgia in the course of the supra-orbital nerve, it occurred to me that of the remedies at hand the most likely would be the vapour of turpentine. This I immediately applied, sprinkled on a handkerchief, to the nostrils, similarly to chloroform, and was surprised to find it not merely soothe and allay the pain, but, after a few inhalations, produce a gentle sleep and state of anæsthesia, from which she awoke without any headache or other unpleasant symptoms, and quite free from pain.

I may mention, without going into detail, that I have since tried it in one or two slight but painful operations—as extracting a broken needle from a sensitive part, and in some cases of cramps, convulsions, nephralgia calculosa, &c. Its effect seems to be to allay nervous irritation, spasm, and pain, without deranging the action of the heart, and to produce a calm, anæsthetic sleep. The remedy being simple, inexpensive, and easy of application, will, I trust, induce some of your numerous readers, more skilled and with better opportunities of testing its value, to experiment in the direction I have indicated, and to publish the result for the benefit of suffering humanity.

I am, Sir, your obedient servant,

JOHN WILMSHURST, M.R.C.S.

Ship *Marathon*, Cunard Liner, Feb. 1861.

DR. WOLFE AND GARIBALDI.

To the Editor of THE LANCET.

SIR,—I have received the following letters from Caprera, which I hope you will do me the favour of inserting in your journal. Major Vecchi is a noble gentleman of Geneva, at whose villa Garibaldi resided before starting for Sicily, and whom Alexandre Dumas characterizes as "the most honest man that ever wore the red blouse."

Yours very faithfully,

Glasgow, Feb. 1861. J. R. WOLFE, M.D.

"Caprera, Feb. 6th, 1861.

"Major Vecchi told me of the annoyance you had been subjected to, at Caserta, on account of a calumny published against your noble character (*calunnia bociata al vostro nobile carattere*). I know that the truth came out in all its fulness—that the cargo of medicines offered to me by the generous English gentlemen, which you have never seen, have been duly received by Dr. A. Bertani, and is now with him intact at my disposal.

"I am mindful of those services which you have rendered to my wounded at Reggio, and to the victims of the reaction at Ariano. If I did you no justice, please to attribute it to the multiplicity of my occupations at that time. Now I offer you my hand, and beg you to excuse the wrong which you have suffered, and to be assured of my gratitude for all that you have done for the Italian cause.

"Yours,

"To Dr. J. R. Wolfe." "G. GARIBALDI.

The following lines are from Major Vecchi:—

"MY DEAR DR. WOLFE,—Are you now satisfied? We have unmasked your calumniators, and, for your love of Italy, we have done all that duty and truth demanded. I say *we*, because you are well known and esteemed by several residents of Caprera, who were grieved to hear that you have been ill-used by those perpetual deceivers and intriguants (*imbroglioni ingannatori sempre*). The residents of this abode of modesty and all virtue—Stagnetti, Deideri, Frusciantì, Carpinctì, Vecchi, salute and embrace you. Adieu.

"Yours,

"C. AUG. VECCHI, Major."

MEETING OF THE FACULTY OF MEDICINE OF GLASGOW.

ON the 15th ultimo a very numerously attended meeting of the Faculty of Medicine was held in the Faculty Hall, St. Andrew-square, to hear the deliverance given by Sheriff Bell on the case brought before him in the Small Debt Court, to test the question whether the profession is really bound by law to render services, for the public benefit, gratuitously.

Dr. SCANLAN, the President of the Faculty, occupied the chair, and opened the business by referring the Fellows of the Faculty to the decision of the learned Sheriff, which appeared in the daily papers of that morning. It was now for the Faculty to say what course should be adopted, seeing the Sheriff had settled the question that no fee is anywhere exigible for the labour performed.

Dr. WALKER regretted that the point the Faculty had gone into court to get ascertained beyond dubiety was still so far in doubt; for although Sheriff Bell had clearly enough decided that if the profession continue to perform the services demanded of it, no remuneration can be obtained, he had raised another which hitherto had escaped observation. In point of fact, the Sheriff has "a doubt" whether the bungling of the Lord-Advocate and Sir William Dunbar, in the construction of the

14th section of the Act of last session, has not repealed the penalty system *in toto*, leaving the profession at perfect liberty, and without fear of punishment, to grant the certificates or no; exactly what the Faculty has so long and zealously struggled for. But he (Dr. Walker) had gone carefully over the Act, and, with all humility and deference to the *doubt* of the learned Sheriff, was satisfied the penalty was still exigible, and that in the stringent manner intended by the framers of the Act. Dr. Walker then at length reviewed the whole question, and insisted that the Faculty should at once proceed to carry out its original intention of introducing a Bill into Parliament to repeal, in an unmistakable manner, the law by which the whole medical profession in Scotland is held in a degraded and insulted condition. Sheriff Bell has thrown another new light on the subject. We never heard of such a personage as a *manus publicum* before. The Sheriff saw two difficulties in the way of his awarding a fee in this case. The first was, "whether the Acts in question have not imposed the duty upon him (the medical attendant) as a *manus publicum*, which he is to discharge without remuneration." Certainly it is greatly to be regretted that the learned Sheriff has not enlightened us and the public at large a little more anent this *manus publicum*. Are the members of the medical profession alone in this enviable state of semi-serfdom, or can other classes of the community share its honours and advantages? Besides getting an Amendment Bill introduced, Dr. Walker insisted on the Faculty's issuing a circular to every member of the profession, calling on each to give a passive resistance to the Act as it exists. His opinion was that this was the only way the profession would ever get Government or Parliament to perform an act of justice. He would recommend that the profession should be instructed to throw every obstacle they could in the way of the registrars. On no account should anyone grant a certificate without compelling the document to be sent to him; that the information should be of the most meagre description, and such as would be absolutely useless. In every case in which the least doubt existed as to the cause of death, the words "not ascertained" should simply be given. When death occurred during measles, small-pox, scarlatina, or typhus fever, then "blood poison" would answer, as, beyond question, the entrance of a specific poison into the blood is the cause of the disease, and consequently the death. Consumption, tabes, and all maladies in which emaciation takes place, might be characterized as "general decline." The profession should bear in mind that neither sheriff nor registrar has any right to dictate the terms of the certificate. The registrar's duty is simply to write down what the practitioner has given. Dr. Walker then drew attention to the fact that Mr. Cardwell, Secretary for Ireland, had just obtained leave to introduce a Registration Bill for that country. He had little doubt but the coercion system would be attempted there. In that case the Faculty should open communications with the Irish Medical Association, and urge the members to adopt vigorous measures to defeat the Bill, as far as the unrequited labour system is enforced.

Dr. GLASS thought Sheriff Bell's suggestion should be taken advantage of, and a case brought before the Court; he thought the Sheriff would not so pointedly have expressed his doubt had he not good grounds for his opinion. Doubtless some difficulty would exist as to getting a case submitted, as the Fiscal is required to be the pursuer; but he thought an arrangement might be made with the concurrence of some registrar.

Dr. YOUNG was of opinion that the registrars would not enter into any arrangements with the Faculty for this purpose, and the attempt would only incur more expense and occasion much delay; whatever the Faculty intended doing should be done at once. He could not help remarking, however, that the magnitude of Dr. Walker's scheme alarmed him much; it was clear that if he (Dr. Walker) be allowed to go on he would soon bring the Faculty into the bankrupt list, and might also bring some of the members into collision with the law authorities, under a charge of conspiracy. Would it be lawful for the Faculty to issue such an address as his friend had spoken of, with the avowed intention to render null an Act of Parliament? He feared not. He had no objection to contribute some money, but he had no fancy to risk his person. The profession generally ought to take up the question; it was too much to leave this Faculty to fight the whole battle.

Dr. DONALD would enter his protest against the Faculty interfering further in the matter. For upwards of two years they had been instant in season and out of season, but with no satisfactory results. It would require much money to carry a Bill through Parliament, especially as they would be strongly opposed by the Lord-Advocate and his usual supporters.

Dr. CHALMERS thought the matter could not remain were it was. One result of the proceedings of the Faculty had been the establishment of a system of filling up the certificates which ought by some means to be rectified. It was well known that two-thirds of those granted by the profession do not contain the real cause of death, but something which will please the relations into whose hand the document is put to carry to the registrar. Long ago Dr. Walker pointed out, in the *Glasgow Herald*, the impropriety of allowing the friends of deceased parties to see these certificates, and urged that they ought at once to be sent to the Registrar-General through the post-office. Now one good result of following out the idea of invariably refusing to give the certificate till asked would be, that the relations would not see it. Of course, in the meantime, no reliable information would be given, but the introduction of the plan would be exceedingly useful when matters should be put on a satisfactory footing.

Dr. M'CARRON begged to assure Dr. Young that he need not tremble for his personal safety. He had no doubt that the circular would be drawn up in such a manner as would set the law authorities at defiance. They could easily temper their boldness with sagacity. Dr. M'Carron then proceeded to review Sheriff Bell's deliverance, and urged the Faculty to carry out the scheme propounded by Dr. Walker in all its integrity. There could be no doubt about the penalty being still exigible, the 20th section of the late Act was conclusive on that point; but the profession at large should now be called on to express its opinion upon the matter, and he begged to propose that a general meeting of the profession be called at an early day.

After a pretty lengthy discussion, it was ultimately agreed that Dr. Walker should write to Mr. Cardwell to ascertain how he intended to deal with the Irish practitioners. He was also instructed to take steps to get a Bill prepared, and, if possible, get some active members in both Houses of Parliament interested in the cause. A committee was named to make arrangements for a meeting of the city practitioners. The meeting then broke up.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

THE employment of the continuous current of Voltaic electricity, as a therapeutical agent, in certain forms of chroni disease, is not by any means a new idea; but the recent application of a long-sustained electrical stimulus to the treatment of patients affected with hallucinations, as suggested by M. Baillarger, of the Salpétrière, has a decided claim to originality. In several cases of hallucination in connexion with the sense of hearing, the efficacy of this method has been tested, and with most encouraging results. The first patient submitted to the above treatment was a single lady, aged sixty-four, who was admitted into the hospital in February, 1859. She stated, that a month previously, after a mental shock and sudden fright, she had begun to hear voices speaking and calling to her without any intermission. As this lady's health was indifferent at the time, a tonic course was prescribed and pursued for the space of a year, with the effect of improving the general state, but without modifying the hallucinations; on the contrary, the mental symptoms had assumed a more aggravated character, and the imaginary voices now accused the poor creature of lying, thieving, of devouring a child, &c., all of which charges she was beginning to believe as true, and her state of melancholy augmented accordingly. The treatment by electricity was now commenced. The extremities of two wires, in connexion with a portable Voltaic pile, were imbedded in two small bits of sponge, and these were inserted, one into each of the patient's ears. On the day succeeding the application of the wires, the voices seemed less loud; a day later, they entirely ceased for a short time; and, after many alternations of improvement and relapse, (during part of which the treatment had been virtually suspended from some defect in the battery,) the hallucinations disappeared in the month of August to return no more—viz., six months after the commencement of the trial. In two other cases the cure has been equally complete, though practically, in these latter instances, as the malady was of a recent date, (two months' standing,) success, in a scientific point of view, is less important than in the one already narrated, where the perversion of the auditory sense had existed for a year previously.

A young French medical man, M. Féron, has recently, in a well-written thesis, drawn attention to the occasional existence of an inflammation localized in the fatty cellular tissue in which the kidney lies imbedded, which terminates for the most part, if not always, in abscess; is quite independent of any affection of the renal organ itself, being confined to its adipose envelope, and possesses its own special train of symptoms. This malady he terms "primitive perinephritis." Possibly many of your readers may be already conversant with this particular pathological condition. Some there are, however, who may be glad of an abstract of M. Féron's interesting thesis. At the outset of perinephritis, the most prominent symptoms are fever, vomiting, and pain in the lumbar region; the latter at first of a dull character, afterwards lancinating. The fever in such cases is originally intermittent, then remittent in type, to become, subsequently, continued. The abscess, for the most part, points backwards, and appears in the loins, close to the vertebral column; but on those occasions where suppuration has occurred in front of the kidney only, the matter is more disposed to work its way down toward the iliac fossa and pelvis, and in some rare instances, the purulent collection has been emptied into the peritoneum, colon, male urethra, vagina, or thoracic cavity. As an aid to the differential diagnosis between perinephritis and the slowly-advancing phlegmons of the iliac fossa, it must be remembered that in the former, fluctuation is apparent towards the twelfth day; and in the male subject, the absence of pain in, or retraction of, the testicle, is most important as a sign excluding the idea of renal disease. The treatment of such cases is almost entirely surgical, and M. Féron recommends speedy evacuation of the purulent formation, preceded, however, by a precautionary exploration with a grooved needle, in order to ascertain the nature of the included fluid. In some of the cases cited by M. Féron, very good results had been attained by the employment of M. Chassaignac's surgical-drainage system.

M. Alphonse Amussat some time ago invented an ingenious instrument for the application of caustic pastes to the bases of tumours, with a view to their removal. The invention consisted of a kind of forceps, with broad blades grooved transversely on their internal face, for the purpose of holding the cauterizing agent. The neck of a polypus, seized by such an instrument, was accurately divided across, without any fear of consequent hæmorrhage. M. Amussat has, by combining with his own scheme, a plan originated by M. Piedagnel, one of the physicians of the Hôtel Dieu, endowed his method with an advantage—namely, that of comparatively painless execution, which it had not before possessed. This modification consists in the addition to the caustic mixture of a certain proportion of morphia, the presence of which sedative preparation is said to procure for the patient an almost entire immunity from suffering during the application of the forceps.

At the meeting of the Society of Surgery last week, M. Morel-Lavallée showed a tumour which he had removed at the Hôpital Necker from the arm of a female. The growth was of the shape and size of a turkey's egg, firm and elastic to the touch, and the enveloping skin was perfectly healthy in condition. A transverse section revealed the contents to be apparently of a most unusual character, the material filling the cyst resembling a mixture of suet and sawdust. M. Morel added, that the histologists to whom he had applied for a microscopical examination of this peculiar matter, had hitherto been unable to pronounce upon its exact nature. One of the members present, M. Baucher, remarked that he had met with a precisely similar case at the Hôpital de la Clinique a few years ago, and that the contents of the tumour, which was also on the arm, were found to consist of sebaceous matter, mingled with modified epithelium.

At the same meeting, M. Follin presented for inspection the eye of a female, who had died at the age of seventy, which he had dissected. The lens he had found to be cataractous, but the cornea, iris, sclerotic, and vitreous humour, were all in a healthy state. On separating, however, the various tunics from each other, between the retina and choroid at the upper part of the globe, this surgeon found lodged a yellowish mass, one-third of an inch long, and one-fourth broad, which he, at first sight, took to be one of those deposits of cholesterine not unfrequently found inside the eye. A nearer examination of this substance convinced M. Follin of his error, for on the side in contact with the choroid could be discovered several minute hairs. A careful microscopical examination showed the structure of this membranous film to be identical with that of the skin. Externally there existed a perfect layer of epidermis, in every respect resembling that of the cutaneous surface, and formed of small rounded cells, provided with nucleus and nucleolus. Below this epidermal layer were found to lie three others, in appearance fibro-cellular, and differing in their general arrangement and density of tissue. In the first layer, representing the derma, the fibres were closely packed, and disposed in regular bundles, or rather bands. In the next, the areolar layer, the fibres were irregular and tangled, and here were seen to end the hair-bulbs; and in the third and last layer was seen a denser structure, enclosing a quantity of fat globules. From this piece of skin could be seen growing about twenty-five hairs of a dark colour and of different lengths, the longest measuring one-sixteenth of an inch. M. Follin, by dint of ransacking the annals of surgical literature, has succeeded in finding no less than five cases of similar dermoid formations within the globe of the eye. In all the five instances, the subjects exhibiting the singular pathological product were adults, and in all, the origin of the formation seems to have been traumatic. The practical deductions from the study of such a case is possibly not very extensive; but the fact is not on that account less highly interesting in an anatomico-pathologic point of view.

An Italian physician, Dr. Gamberini, in charge of the Hospital St. Ursula, at Bologna, published some time ago a memoir on the advantages afforded by the employment of the iodide of ammonium in cases of constitutional syphilis. This practitioner again comes before the public with a fresh contingent of cases, in order to support the claims of this drug, and its superiority over the iodide of potassium. The merits upon which the author chiefly takes his stand, are those of equal efficacy in smaller doses and greater cheapness—both considerations not to be lost sight of either in hospital or private practice.

In a former letter I mentioned, under the head of "retrospective fortune-telling," that M. Beau, of the Charité, was in the habit of studying the finger-nails of his patients, and of divining thereby, within certain limits, their past maladies. This is by virtue of a transverse furrow left by the occurrence of defective nutrition of the ungual appendage during the period of sickness. As the complement of the information I then gave you, I must mention that another French physician, Dr. Beaupoil, has been, from a fortuitous combination of circumstances, enabled to observe the length of time ordinarily occupied by the finger-nail in its entire growth; this period he states as averaging, in the adult, from five to six months, under the ordinary conditions of health.

A formula for a gargle is given in the *Gazette des Hôpitaux* of this week, by Dr. Remoussin, who speaks highly of its efficacy in syphilitic ulcerations of the throat. It is as follows:—Decoction of conium, ten ounces; bichloride of mercury, four grains; rectified spirits of wine in sufficient quantity to dissolve the mercury; mix, and make into a gargle.

We intend shortly to be very strong indeed in France on the subject of medical statistics. M. Husson, the head of the "Assistance Publique," is most active in forwarding this particular branch of the service.

Paris, Feb. 25th, 1861.

Parliamentary Intelligence.

HOUSE OF LORDS.

MONDAY, FEBRUARY 25TH.

CHANCERY LUNATICS.

The LORD CHANCELLOR laid on the table a Bill for the Better Management of Lunatics under the Care of the Court of Chancery. In doing so he remarked that they formed a very numerous body, and that though their condition had been much improved of late years there was room for still further improvement. The first object of the Bill was to facilitate the disposal of the property of lunatics, and to lessen the expense attaching to the operation, which was at present considerable. Again, a lunatic had now the right of claiming a second inquisition, and the result was that he was often made the tool of persons whose object was only to multiply costs. The Bill proposed that after the first inquisition it should be in the discretion of the Court to grant a second inquiry. Another object of the measure was to render more efficient the inspection by the visitors.

HOUSE OF COMMONS.

SATURDAY, FEB. 23RD.

COL. SYKES asked the Under Secretary of State for War on what grounds Dr. R. Thompson, who had satisfied the Army

Medical Director-General, Dr. Gibson, that he possessed the prescribed qualifications of a degree of medicine and a diploma in surgery to entitle him to be examined as a candidate for a medical commission in her Majesty's service, and had been directed to attend on the 18th of February to undergo a competitive examination, was on the morning of that day, in a personal interview, refused permission by Dr. Gibson to appear before the Board of Examiners.

Mr. T. G. BARING replied that Dr. Thompson had been rejected because it was thought that Indians of native parentage were not fit persons to be admitted to the general military medical service, not of course from any question connected with ability, but because, as they would necessarily be called upon to serve in different parts of the world, the constitution of an Indian of native parentage would probably not enable him to render efficient medical service in cold latitudes. It was therefore determined that Indians of native parentage would not be proper persons to employ in the general military medical service. With respect, however, to the gentleman to whom the hon. and gallant colonel had alluded there was, he understood, some difficulty. If he and the other gentlemen who became candidates were not to be considered people of native parentage, then the Secretary of State for War could recommend the case for further consideration.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, Feb. 21st, 1861.

Barnes, Frederic.
Earle, James Lumley, Nether Stowey, Somerset.
Pechey, William Crisp.
Richards, Caleb Carey, Caerphilly, S. Wales.
Soper, William, Surrey.

THE COMMISSIONERS IN LUNACY.—John Forster, Esq., late Secretary to the Commissioners, has been appointed a Commissioner in Lunacy, in the room of Bryan W. Procter, Esq., resigned.

MEDICAL SOCIETY OF LONDON.—The report of the librarian of this Society states that fourteen volumes of the manuscripts of Ward's Diary have been collected. These were scattered in different parts of the library, and entered in the Catalogue under the head of "Commonplace Books," &c. The rescue of these curious documents is highly honourable to the zeal and industry of the librarian.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. Harris is the only candidate for the vacant office of Assistant-Physician to this institution.

AT the meeting of the Academy of Sciences of Paris on the 21st of January, M. Flourens presented to that body, in the name of Mr. Simon, surgeon to St. Thomas's Hospital, the article on Inflammation which forms a portion of Holmes's "System of Surgery," and of which Mr. Simon is the author.

PROFESSOR FARADAY.—This distinguished gentleman concluded his lecture "On Platinum," at the Royal Institution, on the 22nd ult., as follows:—"I have now finished this imperfect account. It is but an apology for not having brought the process itself before you. I have done the best I could under the circumstances, and I know your kindness well, for if I were not aware that I might trust to it, I would not appear here so often as I have done. The gradual loss of memory and of my other faculties is making itself painfully evident to me, and requires every time I appear before you, the continued remembrance of your kindness to enable me to get through my task. If I should happen to go on too long, or if I should fail in doing what you might desire, remember it is yourselves who are chargeable by wishing me to remain. I have desired to retire, as I think every man ought to do before his faculties become impaired; but I must confess that the affection I have for this place and for those who frequent it, is such that I hardly know when the proper time has arrived."

DEATH OF DR. ARAN.—Dr. Aran, one of the most promising and talented physicians of the French metropolis, has just died, after a short illness, at the age of forty-four. The deceased had a great many friends in this country, who will certainly be much grieved on hearing of this sudden calamity. Dr. Aran was the translator of Dr. Henry Bennet's work on the Diseases of the Uterus, and had lately published valuable lectures on the same diseases. By dint of hard work, undoubted merit, and competitive examinations, he had become physician to the St. Antoine Hospital and deputy-professor at the Faculty; and had won for himself, by various monographs on Diseases of the Heart, Paralysis, and quite recently by the publication of his Clinical Lectures on the Diseases of Women, the encomiums of the profession both in his own country and abroad. He was suddenly removed by death just as he was beginning to reap the well-earned reward of his successful labours. He leaves the memory of a very active and honourable life.

THE PRESIDENT OF THE MEDICAL SOCIETY OF LONDON.—Dr. Garrod, on Wednesday evening last, entertained the members of this Society and others at a *conversazione*. There were present a large number of distinguished members of the profession.

THE LIVINGSTONE EXPEDITION.—Information has not lately been received from the great explorer and his party. Favourable accounts have been incidentally forwarded of the well-being of the expedition, Dr. Livingstone being especially stout and well. They are probably about at the end of their return journey to Teti from Linyanti, expecting to meet the members of the University expedition, who are now in the river.—*Cambridge Independent.*

HEALTH OF SCOTTISH TOWNS.—The Registrar-General reports that the deaths in the eight principal towns of Scotland in January last (2779) greatly exceeded those of any January since the Registration Act came into operation in 1855. This is partly to be attributed to the prevalence of small-pox, scarlatina, and diphtheria, and partly to the severity of the weather at the close of the last year and the opening of this, though Scotland has again been better off in this respect than might have been expected from its high latitude. Indeed, at Aberdeen the thermometer never fell below 19° in January, while at the Royal Observatory, Greenwich, nearly 6° further south, it was at 16°; at Paisley, however, it marked 8°, and at Perth 10°. The deaths in the eight towns in the year 1860 (26,028) were in the high proportion of 286 in every 10,000 of the estimated population. It would be understating the facts to say that for every four persons who died in London last year five died in the Scottish towns; it would be nearer the truth, and a very little way from it, to state that for every three deaths in the metropolis there were four in the Scottish towns. In Glasgow, half the deaths in the year were of children under five years of age. The mortality was heaviest in Glasgow and Greenock. In Edinburgh it was but 229 in the 10,000, and the Registrar-General notices the advantage that that city possesses in its exposed site on sloping hills, and the consequent thorough ventilation of even its most densely-peopled low streets and closes; were its drainage, surface as well as underground, and its sanitary arrangements in the lowest class of dwellings somewhat improved, and overcrowding prevented, he has no doubt that it would prove one of the very healthiest towns of the kingdom.

INCREASE OF INFANTICIDE.—On the 23rd ult. no fewer than three cases of child murder were reported by the authorities of Paddington to the Coroner. The first, a male child, was found within the enclosure of Sutherland-gardens; the second, a female, wrapped up as a bundle, in Upper Hyde-park-gardens; and the third, a fine male, was discovered concealed in a bed-room of No. 15, Craven-hill-gardens.

REVACCINATION.—The Report of the National Vaccine Board for the year 1860 has been presented to the Privy Council. The Board state in this report that, although small-pox has not prevailed in this country during the year to the same extent as in the preceding, it has nevertheless occurred sufficiently to keep alive the alarm which had been excited during the former period; but the experience of the Board, which has now extended over more than half a century, is entirely opposed to such alarm. Although many cases of small-pox, some of them fatal, have occurred amongst persons reputed to have been vaccinated, it has been ascertained on close inquiry that by far the larger proportion were either imperfectly vaccinated in the first instance, or were vaccinated only in infancy or childhood. The Board have no evidence whatever that the frequent repetition of vaccination is necessary or even desirable; but they state that many facts tend to render it not improbable that vaccination performed in infancy may lose its protective power after adolescence. On these grounds, they add, re-vaccination at an early adult age would appear desirable. The report is signed by Dr. Mayo, president of the College of Physicians, and by the senior censor; by Mr. South, president of

the College of Surgeons; and by Mr. Simon, medical officer of the Privy Council. The Board supplied 219,499 charges of lymph in the course of the year.

THE SEAMEN'S HOSPITAL.—At the annual meeting of this hospital, Admiral Bowles in the chair, the following report was made:—The aggregate number of seamen who have been admitted on board the *Dreadnought* hospital ship since its establishment in 1821, is 84,909—viz., from her Majesty's navy, 3428; from the Hon. East India Company's service, 1798; and from merchant vessels of different nations, 79,683; in addition to these, 48,788 out-patients have received medical advice and medicine gratuitously. Of the number of in-patients, 1779 have been received during the past year, in addition to 147 under cure and convalescent at the commencement of 1860; of whom 942 were discharged cured, 415 convalescent, 162 relieved, 63 not cured, 25 absent from surgeon's leave, 4 conveyed to their own homes, 33 without certificates of good conduct, 24 expelled, 82 had died, and 171 were under cure and convalescent at the present time, besides 1202 out-patients, making the total for the year 2981. The financial statement showed that the receipts for the past year had been £8187 8*s.* 11*d.*, and the expenditure £7514 12*s.* 5*d.*, leaving a balance in favour of the hospital of £673 6*s.* 6*d.* On the motion of the Chairman, the report was adopted, and the officers for the ensuing year having been re-elected, and thanks voted to them for their past services, and to the Chairman for presiding, the proceedings were brought to a conclusion.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 23RD.—The deaths in London in the week that ended last Saturday were 1318, the number in the preceding week having been 1328. Zymotic diseases in the aggregate were fatal last week in 283 cases. Seven very young children died from small-pox; 20 children from measles; 36 from scarlatina; and there were also 11 deaths from diphtheria. Hooping-cough carried off 78 children. 10 deaths, 7 of which were of children, were caused by syphilitic disease; and there were 2 from intemperance, besides 2 from delirium tremens. The most fatal disease in the list is bronchitis, which was fatal in 188 cases; the next is phthisis, fatal in 149. The mortality of the former differs little from the average; that of the latter is below it. The births were—boys, 1035; girls, 856.

BOOKS ETC. RECEIVED.

Dr. Gross's American Medical Biography.
Dr. Headland's Medical Handbook.
Mr. Millar's Hints on Insanity.
Dr. Symonds' Lecture.
Dr. Gibb's Report on Epidemics.
Dr. Stewart on the Kidney.
Journal de la Physiologie.
American Medical Times.

Births, Marriages, and Deaths.

BIRTHS.

On the 8th of Jan., at Stanley-street, Hongkong, the wife of T. A. Chaldecott, M.D., of a son.

On the 20th ult., at Beverley, Yorkshire, the wife of Assistant-Surgeon H. W. Spry, H.M.'s Indian Army, of a son.

On the 22nd ult., at Stirling, N.B., the wife of R. T. Buckle, M.D., Staff-Surgeon, Stirling Castle, of a daughter.

On the 22nd ult., at Llanidloes, Montgomeryshire, the wife of W. A. Davies, Esq., M.R.C.S., of a son.

MARRIAGES.

On the 12th of Jan., at St. James's Church, Anarkullee, Lahore, East Indies, Arthur Robert Chapman, Esq., H.M.'s 1st Bengal Fusiliers, youngest son of Henry Chapman, Esq., of Canterbury, and formerly Presidency Surgeon, Calcutta, to Elizabeth Anne, eldest daughter of Lieut.-Colonel Ommanney, H.M.'s Bengal Engineers.

On the 20th ult., at St. Mary's Church, Cheltenham, Norman Ramsay Masson, Esq., of Hongkong, to Hannah Eliza, widow of the late W. Morrison, Esq., F.R.C.S., and daughter of John Grey, Esq., of Dilstone, Northumberland.

On the 21st ult., at St. Marylebone Church, Arthur Julius Pollock, M.D., seventh son of the Right Hon. the Lord Chief Baron, to Ellen, daughter of the late Charles Bailey, Esq., of Stratford-place, and Lee Abbey, Lynton, North Devon.

On the 23rd ult., at St. Pancras Church, Charles Walter, Esq., of St. Petersburg, to Elizabeth, second daughter of the late George Hall Lambert, Esq., M.R.C.S., of Albany-street, Regent's-park.

DEATHS.

On the 17th ult., at Sloane-street, Harriet, relict of the late Wm. Preston Lauder, M.D., F.R.S., and sister to the late Lieut.-General Thomas Dalmer, C.B., Col. of the 47th Regt.

On the 18th ult., at Craven House, St. Michael's, Wakefield, aged 84, Caroline, eldest daughter of the late John Cookesy, M.D., and sister of the late Hon. Mrs. H. D. Erskine.

On the 21st ult., at Finsbury-circus, Georgiana Eglinton, the wife of Stephen H. Ward, M.D., in her 39th year.

On the 21st ult., at Westbourne-square, Laura, the wife of Dr. Clement Smith, H.M.'s Bengal Army, and daughter of Geo. Cooper, Esq., of Brentford.

On the 22nd ult., Catherine, the wife of James Stringer, Esq., M.R.C.S., of Dobson's-terrace, Doddington-grove, Kennington.

MEDICAL DIARY OF THE WEEK.

MONDAY, MARCH 4.....
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—The following Operations will be performed by Mr. G. Borlase Childs at 2 P.M.:—Removal of Breast; for Fistula in Ano.
- MEDICAL SOCIETY OF LONDON.—7 P.M. General Meeting; Election of Officers and Council.—8½ P.M. Dr. Kidd, "On Chloroform."
- EPIDEMIOLOGICAL SOCIETY. — 8 P.M. "Further Inquiries on Scarlet Fever." By Dr. B. W. Richardson.
- ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.

TUESDAY, MARCH 5 ...
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Professor Owen, "On Fishes."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

WEDNESDAY, MARCH 6
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Croonian Lectures: Dr. Guy, "On Tabular Analysis applied to the Discovery of Truth in Medicine and the Allied Sciences."
- OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Meigs, "On a Case of Uterine Hæmatocele."—Mr. Baker Brown, "On the Treatment of Fibrous Tumours of the Uterus."—Dr. Tanner, "On a New Form of Vaginal Pessary."
- GEOLOGICAL SOCIETY OF LONDON.—8 P.M.

THURSDAY, MARCH 7
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Electricity."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- KING'S COLLEGE MEDICAL SOCIETY.—8 P.M. Clinical Meeting.
- CHEMICAL SOCIETY.—8 P.M.

FRIDAY, MARCH 8 .....
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
- ROYAL COLLEGE OF PHYSICIANS.—4 P.M. Lumleian Lectures: Dr. Barker, "On Diseases of the Serous Membranes."
- MEDICAL SOCIETY OF LONDON.—5 P.M. Anniversary; Oration.
- ROYAL INSTITUTION. — 9 P.M. Dr. E. Frankland, "On some Phenomena attending Combustion in Rarefied Air."

SATURDAY, MARCH 9...
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION. — 3 P.M. Dr. E. Frankland, "On Inorganic Chemistry."
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Professor Quekett, "On the Organs of Digestion."
- GOVERNMENT SCHOOL OF MINES, Jermyn-street.—7 P.M. Prof. Huxley, "On the First Principles of Physiology."

To Correspondents.

Mr. R. Metcalfe, (Brookland.)—After a careful perusal of the correspondence, we are satisfied that there is no ground for an action at law. The treatment pursued by Mr. Metcalfe we feel assured, from the information forwarded to us, was most judicious, and founded on correct principles. Mr. Cobb evidently knows nothing of the subject. This is not to his discredit; but on what pretence does he presume to become a critic on the propriety or impropriety of any system of treatment? It matters not with what diligence, fidelity, and skill a medical practitioner may act, there will in many cases be found some busybody to condemn and probably insult him. This is the common lot of our profession; but we must meet the injury attempted to be inflicted upon us with dignity and forbearance. From some experience in these matters, we should advise Mr. Metcalfe to regard the interference of Mr. Cobb as the result of a desire upon the part of a worthy man to do good to those immediately under his protection. It is to be regretted that Mr. Cobb is totally unfitted for exercising the office of critic; but we can forgive even rudeness and ignorance when the object sought to be attained may be conscientiously supposed to be a good one. It would serve no useful purpose to publish the correspondence forwarded to us. It would only add another to the many instances on record in which medical gentlemen have been subjected to unmerited opprobrium at the hands of those who ought to protect and support them. We may observe, however, in conclusion, that the qualifications possessed by Mr. Metcalfe entitle him to respect and consideration, and the mere fact of his being "an assistant," and not "a principal," has nothing to do with the case. His competency has been proved, and should therefore be unquestioned, except by those who are capable of forming a correct judgment on the matter. Nothing could be conceived more ungenerous than to attack a man upon his mere position. The qualified medical assistants of this country are, in the main, a highly intelligent and most useful class of the community. They perform arduous duties, often for a small remuneration, and the public no less than the profession are under deep obligations to them. Mr. Cobb was evidently not impressed with the cogency of this fact.

A Pupil, (Leeds.)—The testimonials will be received; but it will be necessary for the candidate to furnish the authorities with an affidavit with respect to the last-named document.

W. H.—We shall be happy to receive a report of the case.

Coronata may obtain the information he requires by application to the coroner at Birmingham.

OBSTINATE AGUE.

To the Editor of THE LANCET.

SIR,—In reply to "An Inquirer," as to a remedy likely to be efficacious in the treatment of an obstinate case of intermittent fever with enlarged spleen, where quinine, arsenic, and iron have been given ineffectually, I would say—and I give the results of a large experience of such cases—stop all anti-periodics for a short time; get the liver, bowels, and kidneys to act gently and moderately; the skin also, if possible, by the warm bath; then give iodide or bromide of potassium, say of the former five grains, three times a day in some bitter infusion; and rub in over the spleen the compound iodine ointment. Do this for a week or two; then try the quinine again. This, with the bath, good food and wine, and gentle exercise in fresh and pure air, will, I believe, in the majority of cases reduce a large spleen, and cure an intermittent fever.

I am, Sir, your obedient servant,
Royal Hospital, Greenwich, Feb. 1861. FRANCIS WM. DAVIS, R.N.

To the Editor of THE LANCET.

SIR,—In answer to "An Inquirer," who seeks information as to the treatment of quotidian fever, complicated with enlargement of the spleen, I would advise him to give blue pill every night, continuing it till slight salivation ensues if necessary; also the sesquicarbonate of ammonia, in four-grain doses, every four or six hours. Yours obediently,
Brompton, Kent, February, 1861. WILLIAM BURTON, L.R.C.P.E.

To the Editor of THE LANCET.

SIR,—If your correspondent, "An Inquirer," makes use of three grains of sulphate of quinine and two grains of antimonial powder in combination, every four hours, he will find it a remedy that rarely fails in effecting a cure in all forms of ague. Your obedient servant,
Ashford, February, 1861. G. SEATH.

Mr. James Smith, (Bradford.)—If it can be satisfactorily proved that the offenders have infringed the provisions of the Apothecaries' Act, they are liable to punishment.

J. C. R.—He is not compelled to give a certificate.

H. R.—The nature of the operation should be stated in a private note, when a private answer shall be returned to the question.

Devoniensis.—Certainly not.

Mr. Frederick S. Garlick (Halifax) is thanked for the information which he has kindly furnished.

Mr. Walter Jessop's case shall appear in the next LANCET.

Mr. Gay.—We cannot enter upon the inconvenient course of admitting into our pages lengthy comments upon discussions in scientific societies long after date.

A Constant Reader.—We shall probably notice the "Turkish Bath puffs" in our next impression.

Studens must pass the preliminary examination.

Z.—The title is merely honorary; but it may be legally retained.

Dr. B.—By application to the Secretary for the Colonies.

A Union Surgeon.—The guardians have the power of withholding the fee.

Dr. G. Octavius Hopton informs us that he has declined to furnish the directors of the National Provident Institution, without a fee, with a medical report respecting the health of a gentleman wishing to assure his life in that company. He very properly remarks that such information is really for the security and interest of the assurance office, and not for the benefit of the party wishing to be assured. Such being the case, he contends that the office is bound in honour to remunerate him for his services.

A Reader, (Glasgow.)—1. It depends on circumstances.—2. If from disease, they are preventible.

Alpha.—If he can prove the contract, he can compel the fulfilment of the engagement.

Mr. W. Hornsey (?) (Liverpool.)—With plain water it is better.

ARSENICAL SOAP.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent, Dr. M. G. Evans, I beg to state that there is an arsenical soap invented by Brewer, of Metz, for which the following is the formula:—Arsenic in powder, two pounds; camphor, five ounces; white soap, two pounds; salt of tartar, twelve ounces; powdered lime, four ounces. He gives the following directions in mixing it:—"The soap must be cut in small and very thin slices, put into a crucible with a small quantity of water, held over a gentle fire, and frequently stirred with a wooden spatula. When it is properly melted, the powdered lime and salt of tartar must be added, and thoroughly mixed. It must then be taken off the fire, the arsenic added gently, and stirred. The camphor must be reduced into a powder by beating in a mortar with spirits of wine; the camphor must then be added, and the composition well mixed while off the fire. It may again be placed on the fire to assist in making the ingredients incorporate properly, but not much heated. It has then to be placed in glazed earthen pots, and allowed to cool."

Hoping this may be of service,
I remain, Sir, your obedient servant,
Durham, February, 1861. H. M.

Mr. T. John Smith should apply for the information he requires to the Registrar of the University of Glasgow.

L.S.A., (Manchester.)—1. There is no other mode of designating the qualification.—2. He would have to pass an examination, but it would be a strictly practical one.

An Apprentice, 1857, will be exempt.

A Naval Surgeon.—Yes, if it can be proved that he was in the service at the date mentioned. The production of his commission would be sufficient evidence.

A Candidate.—The double qualification is necessary.

M.D.—Not under the present regulations.

X. Y. Z.—If there be no specific contract, the claim cannot be substantiated.

MEDICAL ASSISTANTS' SOCIETY.

To the Editor of THE LANCET.

SIR,—I think you did well to caution medical assistants against sending subscriptions to persons not authorized to receive them. Last Saturday week there was a notice in a medical print, signed "M. H. Irving," stating that a preliminary meeting of the Medical Assistants' Provident Society would be held at 43, Lincoln's-inn-fields, at rooms lent for the purpose; but on going at the time stated, (February 26th, seven P.M.,) I found no one there, the housekeeper stating she knew nothing of it.

Now, Sir, I wish to know who authorized Mr. Irving to make this appointment, as he calls himself Secretary *pro tem.*, and why he was not there, in common decency, to make some explanation.

I am, Sir, your obedient servant,
February, 1861. ONE WHO WILL ONLY BELIEVE A "LANCET" NOTICE.

Mr. James B. Prowse, (Bristol.)—The sewerage is still imperfect, but has been improved of late years.

Cheshire.—1. He can contract with the board of guardians for the vaccination of patients.—2. Certainly.

Humerus.—The only advantage of entering to lectures in the summer session will be the possible one of exempting him from some of the regulations of the General Medical Council.

Omicron can recover for medical attendance, but not for the medicines supplied.

A. B. C. should address a memorial to the Council of the College.

THE ACTION OF ELATERIUM.

To the Editor of THE LANCET.

SIR,—Will any of your numerous readers kindly inform me, through the medium of your journal, in what form of combination elaterium may be given, so as to prevent the distressing sickness which now almost constantly accompanies its administration in a female patient of mine suffering from hepatic and cardiac dropsy? Yours obediently,
February, 1861. I. N. R.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Brown-Séquard; Mr. Henry Thompson; Dr. Bellyse; Mr. F. W. Davis; Mr. R. H. Milson; Mr. Arthur Sergeant; Mr. Williams; Dr. Wadham; Mr. C. W. Browne; Dr. Lockhart Robertson; Mr. W. E. C. Nourse, Brighton; Dr. T. K. Chambers; Mr. Griffin, Weymouth; Dr. Henry Stevens; Dr. W. Abbotts Smith; Mr. John Gay; Dr. Tilt; Mr. T. Edis, (with enclosure;) Mr. W. Mercer, Wadhurst, (with enclosure;) Mr. A. Harris, Camborne, (with enclosure;) Mr. J. Serle, (with enclosure;) Mr. J. B. Williams, Cardigan; Mr. S. M. Turner, Newcastle; Mr. J. F. Martin, Abingdon; Dr. M'William; Dr. Jago, Truro, (with enclosure;) Mr. J. E. Geoghegan, Dublin, (with enclosure;) Mr. J. Cheeseman, (with enclosure;) Mr. F. Greenwell, Durham, (with enclosure;) A Young Practitioner; H. M., Durham; M. A. B.; A Naval Surgeon; A Pupil; F.R.C.S.; A Twenty-five Years' Reader; M.R.C.S.; &c. &c.